FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000102700 1. Corporation Name

G.B.E. ACQUISITIONS, INC.

Principal Place of Business Mailing Address									
250 VALENCIA AVENUE 250 VALENCIA AVENU									
CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						12/09/1998			l l
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21	1000 01 200111000	26						No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Contifered of Status Besided		\$8.75	Additional
27			<u></u>			5. Certifcate of Status Desired	 	Fee Re	quired
City & State City & State -			- -			6. Election Campaign Financing		\$5.00	1
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Country	′		8. This corporation owes the curre	ent year Inta		m.,
24	25	29 30	—r			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	Registered Agent	- 04	T		10. Name and Address of New F	legistered A	rgent	
CH IN	OC INC		81	Na	me				
FILINGS, INC. 3732 N.W. 16TH STREET			82	Sti	reet Addre	ss (P.O. Box Number is Not Accepta	ible)		
FT. LAUDERDALE FL 33311-4132			-	<u> </u>			.,		
F1. U	MUDERDALE FE 33311-4132		83	1					
			84	Cit	ty		FL	85 Zip (Code
	to the provisions of Sections 607.050; registered agent, or both, in the State	007 4500 El-ita Ctatut N			mod somo	ration submits this statement for the	nurnose of r	changing its	registered
SIGNATURE	m familiar with, and accept the obligated agents. Signature, typed or printed name of registered agents.	at and title if applicable. (NOTE: Regis			ature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	DRS IN 12
12.	D OFFICERS AN		1.1 TITLE			ADDITIONO/OFFICE TO GA	100.101	☐ Change	Addition
TITLE	MILLER, GEORGE		1.2 NAME		1				
NAME	250 VALENCIA AVENUE		1.3 STREE	T AND	PESS				1
1	CORAL GABLES FL 33134		1.4 CITY-S		1200				1
CITY-ST-ZIP TITLE	CORAL GABLES I E 33134		2.1 TITLE) - LIF				☐ Change	☐ Addition
i			2.2 NAME		1				1
NAME			2.3 STREE	T ADD	RESS				ſ
STREET ADDRESS	3		2. 4 CITY-						
CITY-ST-ZIP	-		3.1 TITLE	O1 23				Change	☐ Addition
NAME			3.2 NAME	-					-
STREET ADDRESS		£	3.3 STREE	T ADD	RESS				1
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE			4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAME						1
STREET ADDRESS			4.3 STREE	T ADO	RESS				
CITY-ST-ZIP			4,4 CITY-S	ST-ZIP					
TITLE			5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADO	RESS				
CITY-ST-ZIP		1	5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90263 036 ***158.75