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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

S45840

(3)

GUESCH, INC.

FILED Feb 20 1998 8:00am Secretary of State



The second section of the second section secti								
Principal Place of Business Mailing Address						-{		O BOBAL DIBIL 1861
1610 COLLII	NS AVE	1610 COLLINS AVE	·					
MIAMI FL 3		MIAMI FL 33139						
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 04/15/1991		
2. Principal	Place of Business	2a, Mailing Address	2a. Mailing Address			4. FEI Number		Applied For
21		26	Elling Address			65-0259641		Not Applicable
l Suite. Apt	#, etc.	Suite, Apt. #, etc.	<u> </u>				\$8.7	75 Additional
22		27				5. Certificate of Status Desired		e Required
City & State		City & State	City & State			6. Election Campaign Financing	\$5.	00 May Be
23	28					Trust Fund Contribution	Add	led to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid the cu		r Intangible
24	252930			Personal Property Tax due June 30. Yes				
	g, Name and Address of Cur	rent Hegistered Agent		81	Name	10. Name and Address of New Registered	Agent	
MALLADA, ANA GOMEZ				5	INGILIO			
20488 S DIXIE HWY				82	Street Address (P.O. Box Number is Not Acceptable)			
M	AMI FL 33139			63				
				64	City	FL	85	Zip Code
11 Pursuant	to the provisions of Sections 607 (0502 and 607 1508. Florida Statu	ites the at	oove	named corno		f changi	ng its registered
office or agent. I	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.05 05 , F	authorized lorida Stat	d by utes.	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	oointmen	t as registered
SIGNATURE								
				Agen	l signature required	**************************************	, DIDEO	TODO (N. 40
12.	OFFICERS /		DELETE 1.1 TO		ľ	ADDITIONS/CHANGES TO OFFICERS AN		
NAME	TORRE, GONZALO	occur	1.2 NAME					igo reduition
STREET ADDRESS	1610 COLUNS AVE		1.3 STREET		nnpres			
CITY-ST-ZIP	MIAMI BCH. FL		1.4 C!TY -					:
TITLE	VP	DELETE	2.1 TITLE		211		Char	nge Addition
NAME	TORRE, MARIA		2.2 NAME					
STREET ADDRESS	1610 COLLINS AVE		2.3 STREE		DDRESS			·
CITY-ST-ZIP	MIAMI BCH. FL		2. 4 CITY -		- 1			
TITLE		DELETÉ	3.1 TITLE				Char	ige Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET		DDRESS			
CITY - ST - ZIP	3.4.0		TY-ST	- ZIP				
TITLE		DELETE	4.1 TITLE				Char	nge Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 ST	REET A	ODRESS			ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		- ZIP			
TITLE		☐ DELETE	5.1 TITLE				☐ Chan	nge 🔲 Addition
NAME			5.2 NA	5.2 NAME				
STREET ADDRESS			5.3 ST	REET A	ODRESS			
CITY-ST-ZIP			5.4 CiTY-ST		- ZIP			
TITLE			6.1 TITLE					
NAME		DELETE	6.1 TIT	LE			☐ Chan	nge 🔲 Addition
MANAE		☐ DELETE	6.1 TIT 6.2 NA				∟ Chan	ige LI Addition
STREET ADORESS		☐ DELETE	6.2 NA	ME	ddress		∟ Chan	ige L Addition

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 atachment with an address.