

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S53732

1. Corporation Name

GSP 91, INC.

FILED

97 MAR 24 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3003 Terramar Street
1402

1222 N.E. 4th Ave
Fort Lauderdale, Fl
33304-1925

Fort Lauderdale, Fl 33304

2. Principal Place of Business

2a. Mailing Address

21

26 1222 N.E. 4th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28 Fort Lauderdale, Fl

Zip

Country

Zip

Country

24

25

29 33304-1925 30 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/09/95

3a. Date of Last Report

4. FET Number

65-0266007

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Gaston Poirier

82 Street Address (P.O. Box Number is Not Acceptable)

1222 N.E. 4th Ave

83

84 City

Fort Lauderdale

FL

85 Zip Code

33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Gaston Poirier

GASTON POIRIER

03/20/97

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P/

NAME

Gaston Poirier

STREET ADDRESS

1222 N.E. 4th Avenue

CITY- ST- ZIP

Fort Lauderdale, Fl 33304

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE:

Gaston Poirier GASTON POIRIER

03/20/97 954-925-7006

CR2E034 (9/96)