

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:18

DOCUMENT # **S61158** (9)
1. Corporation Name
GOMBOS INTERNATIONAL, INC.

Principal Place of Business Mailing Address
2665 S. BAYSHORE DR.
SUITE 904
COCONUT GROVE FL 33133
1541 BRICKELL AVE
APT. 3604
MIAMI FL 33129
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/20/1991** 3a. Date of Last Report **03/10/1994**
4. FEI Number **65-0271687** 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

2. Principal Place of Business 2a. Mailing Address
21 **2665 S. BAYSHORE DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **904** 27 **904**
City & State City & State
23 **COCONUT GROVE FL**
Zip Country Zip Country
24 **33133** 30 **US**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
GOMBOS, DONALD R
1541 BRICKELL AVE./3604
MIAMI FL 33129
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 DATE _____
Sign and print (or print) name of registered agent and file a duplicate. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	1.1 TITLE	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMBOS, DONALD R	1.2 NAME	GOMBOS, DONALD R.
STREET ADDRESS	1541 BRICKELL AVE., APT. 3604	1.3 STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE #904
CITY - ST - ZIP	MIAMI FL 33129	1.4 CITY - ST - ZIP	COCONUT GROVE, FL 33133
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and class and qualify for the exemption stated in Section 119.07(4)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: DATE _____
Signature and typed or printed name of signing officer or director