

**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** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **904** 27 **904**  
City & State City & State  
23 **COCONUT GROVE FL** 28  
Zip Country Zip Country  
24 **33133** 29 **33133** 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**GOMBOS, DONALD R** 81 Name  
**1541 BRICKELL AVE./3604** 82 Street Address (P.O. Box Number is Not Acceptable)  
**MIAMI FL 33129** 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 (print or typed) name of registered agent and title in duplicate. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTSD</b>	1.1 TITLE	<b>PTSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOMBOS, DONALD R</b>	1.2 NAME	<b>GOMBOS, DONALD R.</b>
STREET ADDRESS	<b>1541 BRICKELL AVE., APT. 3604</b>	1.3 STREET ADDRESS	<b>2665 SOUTH BAYSHORE DRIVE #904</b>
CITY - ST - ZIP	<b>MIAMI FL 33129</b>	1.4 CITY - ST - ZIP	<b>COCONUT GROVE, FL 33133</b>
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