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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **\$70056** 1. Corporation Name

GACENIGA, INC.

Principal Place of Business

808 PONCE DE LEON BLVD. CORAL GABLES FL 33134

Mailing Address

1801 SW 12TH ST MIAMI FL 33135

FILED

Secretary of State

03-04-1999 90247 033 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/26/1991

Suite, Apt. #, etc. City & State Ci						01/20/1001			
Sulte, Apt. #, etc. 27 Sulte, Apt. #, etc. 27 Sulte, Apt. #, etc. 27 Sulte, Apt. #, etc. 5. Cartificate of Status Desired	2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Ar	pptied For	
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23						A Flori Committee Financian			
Zip Country Zip Country Zip Country S. This corporation owes the current year Intensigiple Personal Property Tax. Yee	<u> </u>					11		, ,	
9. Name and Address of Current Registered Agent ALVAREZ, ELOISA V. 1801 SW 12TH ST MIAMI FL 33135 181 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 84 City FL 85 Zip Cox 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 regist agent, or post, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Syed or provide name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE DP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. AUYAREZ, CARLOS M. STREET ADDRESS 1801 SW 12TH ST 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY. ST. ZIP TITLE DELETE 1.4 TITLE 1.5 Change ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP MIAMI FL 1.4 CITY. ST. ZIP TITLE TITLE TITLE TITLE TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRESS CITY. ST. ZIP TITLE ALVAREZ, ELOISA V. 3.3 STREET ADDRES					,			10 1 663	
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

☐ Change