

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S71302** (1)

1. Corporation Name  
**GUDELIA CORP.**



Principal Place of Business  
**8680 WENDY LN E  
WEST PALM BEACH FL 33411**

Mailing Address  
**8680 WENDY LN E  
WEST PALM BEACH FL 33411**

3. Date Incorporated or Qualified <b>07/31/1991</b>	3a. Date of Last Report <b>01/31/1995</b>
4. FEI Number <b>65-0273341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>same as above</b>	2a. Mailing Address 26. <b>same as above</b>
Suite, Apt. #, etc. 22. <b>above</b>	Suite, Apt. #, etc. 27.
City & State 23.	City & State 28.
Zip 24.	Zip 29.
Country 25.	Country 30.

9. Name and Address of Current Registered Agent

**VEGUEZ, JOSE  
8680 WENDY LN E  
WEST PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81. Name <b>no change</b>	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City <b>FL</b>	85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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: *[Signature]* (NOTE: Registered Agent signature required when reappointing) DATE: **3/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD VEGUEZ, JOSE 8680 WENDY LN E WEST PALM BEACH FL</b> <input type="checkbox"/> DELETE	1. 1 TITLE 1. 2 NAME 1. 3 STREET ADDRESS 1. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP VEGUEZ, GUDelia 8680 WENDY LN E WEST PALM BEACH FL</b> <input type="checkbox"/> DELETE	2. 1 TITLE 2. 2 NAME 2. 3 STREET ADDRESS 2. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T VEGUEZ, STEVEN 6091 LAMBETH CRICLE LAKE WORTH FL</b> <input type="checkbox"/> DELETE	3. 1 TITLE 3. 2 NAME 3. 3 STREET ADDRESS 3. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S RANTA, LORRAINE 917 WINDING WOODS DRIVE LAKE WORTH FL</b> <input type="checkbox"/> DELETE	4. 1 TITLE 4. 2 NAME 4. 3 STREET ADDRESS 4. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5. 1 TITLE 5. 2 NAME 5. 3 STREET ADDRESS 5. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6. 1 TITLE 6. 2 NAME 6. 3 STREET ADDRESS 6. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* (407) 98-2410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)