

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S74138** (6)

1. Corporation Name

**GEHN HOLDINGS, INC.**



Principal Place of Business

**701 BRICKELL AVENUE  
16TH FLOOR  
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVENUE  
SUITE 1301  
MIAMI FL 33131  
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

**701 Brickell Avenue**

Suite, Apt. #, etc.

**Suite 850**

City & State

**Miami, Florida 33131**

28

Zip

Country

29

**33131**

30

**USA**

3. Date Incorporated or Qualified

**08/19/1991**

3a. Date of Last Report

**04/27/1995**

4. FEI Number

**65-0284022**

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

9. Name and Address of Current Registered Agent

**SULLIVAN, JOHN S  
801 BRICKELL AVENUE  
SUITE 1301  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

**701 Brickell Avenue**

83

**Suite 850**

84 City

**Miami**

**FL**

85

Zip Code

**33131**

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

Signature of the person authorized to sign this statement and the corporation's name

Signature of the person authorized to sign this statement and the corporation's name

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DS**

☐ DELETE

NAME

**SULLIVAN, JOHN S**

STREET ADDRESS

**801 BRICKELL AVENUE, SUITE 1301**

CITY - ST - ZIP

**MIAMI FL 33131**

TITLE

**PT**

☐ DELETE

NAME

**SULLIVAN, JOHN S**

STREET ADDRESS

**801 BRICKELL AVENUE, SUITE 1301**

CITY - ST - ZIP

**MIAMI FL 33131**

TITLE

**VP**

☐ DELETE

NAME

**SULLIVAN, JOHN S**

STREET ADDRESS

**801 BRICKELL AVE., STE. 1301**

CITY - ST - ZIP

**MIAMI FL**

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY - ST - ZIP

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NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**701 Brickell Avenue, Suite 850  
Miami, Florida 33131**

☐ Change ☐ Addition

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**701 Brickell Avenue, Suite 850  
Miami, Florida 33131**

☐ Change ☐ Addition

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

**701 Brickell Avenue, Suite 850  
Miami, Florida 33131**

☐ Change ☐ Addition

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

**900001816839  
-05/10/96--01040--004**

**\*\*\*5000.00**

☐ Change ☐ Addition

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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: **John S. Sullivan/ Director**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/26/96**

**(305) 381-8340**

Daytime Phone #

CR2E034 (12/95)