

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S77390**

(0)

1. Corporation Name

GOVA INVESTMENTS I, INC.

Principal Place of Business

**3740 NW. 78 ST.
MIAMI FL 33147**

Mailing Address

**3740 NW. 78 ST.
MIAMI FL 33147**



2. Principal Place of Business

2a. Mailing Address

21 State: Apt. #

26 State: Apt. #

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

g. Name and Address of Current Registered Agent

**GOLDRING, KENNETH D
3740 NW. 78TH ST.
MIAMI FL 33147**

3. Date Incorporated or Qualified

09/03/1991

3a. Date of Last Report

11/22/1995

4. FEI Number

65-0285116

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

10. Name and Address of New Registered Agent

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 607.011 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to register a agent for public 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 607.011, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

1. NAME

**PD
GOLDRING, KENNETH D.
3740 NW. 78 ST.
MIAMI FL 33147**

☐ DELETE

2. ADDRESS

**STD
VALLEJO, JOSE
3740 NW. 78 ST.
MIAMI FL 33147**

☐ DELETE

3. ADDRESS

4. NAME

5. ADDRESS

6. ADDRESS

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. NAME

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

☐ Change ☐ Addition

8. NAME

9. STREET ADDRESS

10. CITY, ST, ZIP

☐ Change ☐ Addition

11. NAME

12. STREET ADDRESS

13. CITY, ST, ZIP

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

☐ Change ☐ Addition

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. NAME

24. STREET ADDRESS

25. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied herein is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this certificate, report or statement is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an Officer or Director of the corporation or the member or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form and is not an additional name.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

2/12/96

305/693-1299

CR2E034 (12/95)