

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S80207

(1)

1. Corporation Name

GABRIEL G. MUSSINI, INC.

Principal Place of Business

915 N.W. 1ST H2509
MIAMI FL 33136

Mailing Address

915 N.W. 1ST H2509
MIAMI FL 33136



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

MUSSINI, GABRIEL G.
915 N.W. 1ST
H2509
MIAMI FL 33136

3. Date Incorporated or Qualified
09/13/1991

3a. Date of Last Report
02/14/1995

4. FET Number
65-0290348

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 607.0502 and 607.1502, 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 Officer or Director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
MUSSINI, GABRIEL G.
915 N.W. 1ST #H2509
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
QUINTERO, JORGE
915 N.W. 1ST #H2509
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3. TITLE
3. NAME
3.5 STREET ADDRESS
3.6 CITY - ST - ZIP

☐ Change ☐ Addition

4. TITLE
4. NAME
4. STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ 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; that the receiver or trustee or person or persons 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 if I am a new agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-96

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