

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 # S85909 (7)

1. Corporation Name

GTA CORP.



Principal Place of Business

16290 N.W. 13TH AVE.
MIAMI FL 33169

Mailing Address

16290 N.W. 13TH AVE.
MIAMI FL 33169

3. Date Incorporated or Qualified
10/07/1991

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 1111 Kane Concourse
Suite, Apt. #, etc.

26 1111 Kane Concourse
Suite, Apt. #, etc.

22 618

27 Suite 618

City & State

City & State

23 Bay Harbor, FL
Zip Country

28 Bay Harbor, FL
Zip Country

24 33154

25 Dade

29 33154

30 Dade

4. FEI Number
65-0381710

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

10. Name and Address of New Registered Agent

WEITZMAN, JACK L.
10701 S.W. 104 ST.
MIAMI FL 33176

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME COLONOMOS, ALBERTO
STREET ADDRESS 16290 N.W. 13 AVE.
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1111 Kane Concours Suite 618
1.4 CITY-ST-ZIP Bay Harbor

TITLE DVS ☐ DELETE
NAME FRAIMAN, GUIDO
STREET ADDRESS 16290 N.W. 13 AVE.
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1111 Kane Concourse Suite 618
2.4 CITY-ST-ZIP Bay Harbor, FL 33154

TITLE T ☐ DELETE
NAME FRAIMAN, GUIDO
STREET ADDRESS 16290 N.W. 13 AVE.
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1111 Kane Concourse Suite 618
3.4 CITY-ST-ZIP Bay Harbor, FL 33154

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guido Fraiman 4-22-96 (305) 866-0007

Date

Daytime Phone #

CR2E034 (12/95)