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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S88537

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G. & G. FLORIDA, INC.

Principal Place of Business Mailing Address 112 S HIBISCUS ISLAND 112 S HIBISCUS ISLAND MIAMI BEACH FL 33139-5130 MIAMI BEACH FL 33139 3a. Date of Last Report 3. Date Incorporated or Qualified 02/19/1996 10/21/1991 2a, Mailing Address 2. Principal Place of Business Applied For 4. FEI Number Not Applicable 21 26 65-0291000 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Added to Fees Trust Fund Contribution Ζip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes XX No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LANGEN. ROLAND 112 S HIBISCUS ISLAND 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139-5130 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. X DELETE Change TITLE 1.1 TITLE NAME SCHIRMER. GERTRUD E 1.2 NAME 112 S HIBISCUS ISLAND 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL. 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition MLE 2.1 TITLE 2.2 NAME NAME SCHIRMER, GUENTER A STREET ADDRESS 112 S HIBISCUS ISLAND 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 acceiver 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 or an attachment with an address.

SIGNATURE AND SECONDARY OF SIGNAME OF SIGNING OFFICER OR DIRECTOR

(305) 674-0023

FILED

Feb 12 1997 8:00am

Secretary of State

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