

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Thurman  
Secretary of State  
Tallahassee, Florida 32399

APPROVED  
AND  
FILED

95 MAY -1 AM 12:26

DOCUMENT # **S92110** (3)  
INCORPORATED UNDER  
**GAMATRACTOR SUPPLIES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **6340 NW 58TH ST MIAMI FL 33166**  
Mailing Address: **8870-3 SW 40TH ST. MIAMI FL 33165**

21. Principal Place of Incorporation: **26**  
State: **FL**  
City & State: **MIAMI FL**  
22. Mailing Address: **27**  
State: **FL**  
City & State: **MIAMI FL**  
23. City & State: **28**  
City: **MIAMI** State: **FL**  
24. City: **29** State: **30**

3. Date incorporated or Quarter: **11/04/1991**  
3a. Date of Last Report: **11/21/1994**  
4. FEI Number: **65-0557485**  
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 § 199.022, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**MACEDO, CARLOS  
8870-3 SW 40TH ST.  
MIAMI FL 33165**

10. Name and Address of New Registered Agent:  
B1 Name:  
B2 Street Address (P.O. Box Number is Not Acceptable):  
B3 City:  
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.01(2), 607.01(3), and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida. This change was authorized by the corporation's board of directors. Thereby, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes.  
SIGNATURE: *[Signature]* **Carlos Macedo** **1/24/95**

| 12. OFFICERS AND DIRECTORS   |   | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS                             |  |
|--|---|--|--|
| PTD<br>NAME: <b>ACEVEDO, JORGE G</b><br>STREET ADDRESS: <b>2429 SW 117TH AVE.</b><br>CITY & STATE: <b>MIAMI FL 33175</b>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| VT<br>NAME: <b>ESPINOZA, MARCELO G</b><br>STREET ADDRESS: <b>2429 SW 117TH AVE.</b><br>CITY & STATE: <b>MIAMI FL 33175</b> |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
|  | D<br>NAME: <b>Carlos Macedo</b><br>STREET ADDRESS: <b>8870-3 SW 40th St.</b><br>CITY & STATE: <b>Miami, Fl. 33165</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 1100(C)(4) Florida Statutes. I further certify that the information submitted on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation and I am authorized to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am an officer or director of the corporation.  
SIGNATURE: *[Signature]* **Carlos Macedo** **1/24/95 (202) 599-1261**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR