

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V04001 (6)**

1. Corporation Name  
**GOMEZCO BUILDING INC.**



Principal Place of Business: **7100 S.W. 44 STREET MIAMI FL 33155**  
Mailing Address: **7100 S.W. 44 STREET MIAMI FL 33155**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/31/1991</b>	3a. Date of Last Report <b>02/20/1995</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>65-0308987</b>	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
2. Principal Place of Business				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GOMEZ, ORLANDO, JR. 7100 S.W. 44TH STREET MIAMI FL 33155</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GOMEZ, ORLANDO SR.</b>			1.2 NAME			
STREET ADDRESS	<b>1560 CADIZ AVE.</b>			1.3 STREET ADDRESS			
CITY, ST, ZIP	<b>CORAL GABLES FL</b>			1.4 CITY - ST - ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GOMEZ, ORLANDO JR.</b>			2.2 NAME			
STREET ADDRESS	<b>1100 TANGIER ST.</b>			2.3 STREET ADDRESS			
CITY, ST, ZIP	<b>CORAL GABLES FL</b>			2.4 CITY - ST - ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GOMEZ, JUAN CARLOS</b>			3.2 NAME			
STREET ADDRESS	<b>1560 CADIZ AVE.</b>			3.3 STREET ADDRESS			
CITY, ST, ZIP	<b>CORAL GABLES FL</b>			3.4 CITY - ST - ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GOMEZ, SELMA P.</b>			4.2 NAME			
STREET ADDRESS	<b>1560 CADIZ AVE.</b>			4.3 STREET ADDRESS			
CITY, ST, ZIP	<b>CORAL GABLES FL</b>			4.4 CITY - ST - ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GOMEZ, SELMA M.</b>			5.2 NAME			
STREET ADDRESS	<b>1560 CADIZ AVE.</b>			5.3 STREET ADDRESS			
CITY, ST, ZIP	<b>CORAL GABLES FL</b>			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY, ST, ZIP				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: *Orlando Gomez* **ORLANDO GOMEZ** 25 JAN 96 (305) 661-7660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)