## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

1460 BRICKELL AVENUE

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V12097

1. Corporation Name

Principal Place of Business

1460 BRICKELL AVENUE

GMN EQUITY INVESTMENT, INC.

SUITE 309 MIAMI FL 33131		Suite 309 Miami FL 3313†			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				
						02/06/1992				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Арр	lied For	
26						65-0392954			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	~¬			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Oite 9 Dans		27 City & State				- Clarking Constitution Fire size			<u> </u>	
City & Stat	e	28	City di State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible				
·	25	29	30			Personal Property Tax. Yes No				
	9. Name and Address of C	rent Registered Agent		<del></del>		10. Name and Address of New Registered Agent				
		ana ma		81	Name		, :			
	ATER MIAMI NEIGHBORHO	· ·	}	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	_ <del></del>			
1460 BRICKELL AVE., SUITE 309				0.0000,0000,0000,0000,0000,0000,0000,0000,0000						
MIAI	MI FL 33131			83						
			<u> </u>	84	City		85	Zip C	ode	
				- 1	•	FL		•		
office or r	egistered agent, or both, in the	7.0502 and 607.1508, Florida Statu State of Florida. Such change was a obligations of, Section 607.0505, Flo	authorized	by t	the corporatio	oration submits this statement for the purpose of ones board of directors. I hereby accept the appoin	mangir tment a	ng its r as reg	egisterea istered	
SIGNATURE		(107	T B (			d when reinstating) DATE				
12.	Signature, typed or printed name of registe	RS AND DIRECTORS	13.	4gent	signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS ANI	) DIRE	CTOF	2S IN 12	
TITLE	D	DELETE	1.1 TITL	F		ADDITIONS OF PROCESS AS A PROCE	□ Cha		Addition	
NAME	SIBLEY, RUSSELL A		1.2 NAM					•	_	
	1460 BRICKELL AVENUE	#200	4		ADDRESS					
STREET ADDRESS		#309								
CITY-ST-ZIP	MIAMI FL 33131		1.4 CM 2.1 TITI		-217	· · · · · · · · · · · · · · · · · · ·	□ Cha	ange	Addition	
TITLE	•			2.2 NAME		·			_	
NAME	WOLFSON III, LOUIS	F 600				•				
STREET ADDRESS		E 900			ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156	☐ DELETE	2. 4 CIT		- 1	IV	Cha	anne	Addition	
TITLE				3.1 TITLE D		NACCON EUSEDIA	<u> </u>	ange.		
NAME	ANDERSON, EUGENIA	TE 000			H	nderson, Eugenia #30	9			
STREET ADDRESS		IIE 309								
CITY-ST-ZIP	MIAMI FL 33131	- DELETE	3.4. CIT				Cha	ange	Addition	
TITLE	D	☐ DELETE	4.1 TIT		D	1P a Asystm	<i>-</i> `		CI - Addition	
NAME	DOMINGUEZ, AGUSTIN		4. 2 NA		אכ	JP Junguez, Agustin #3	، م <sup>د</sup>	1		
STREET ADDRESS	**** =****				ADDRESS 14	100 Reickell "				
CITY-ST-ZIP	MIAMI FL 33131		4.4 CIT		-ZIP   fV	MIAMI FL 33131	¥czt-	2000	Addition	
TITLE	T	☐ DELETE	5.1 TITI		J	E RAMON, GONZALO	<b>⊠</b> Ch:	ange	☐ Audulon	
NAME	DE RAMON, GONZALO	•	5.2 NA	viE	* C	460 Brickell Ave, #30	9			
STREET ADDRESS	1460 RDICKELL AVE #3	na	■ 5.3 STF	KEET	ADDRESS   \	100 Director its - " 130	,			

14. I 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 suppliemental 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 changes for on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE:

1460 BRICKELL AVE., #309

1460 BRICKELL AVE., #309

**MIAMI FL 33131** 

SERIOL, MARIO A

MIAMI FL 33131

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

Daytime Phone #

Date

**FILED** Mar 02, 1999 8:00 am

**Secretary of State** 

03-02-1999 90157 001 \*3,226.25

CR2E034 (11/98)

Addition