

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V33713**

(1)

1. Corporation Name

GORORDO ENTERPRISES, INC.



Principal Place of Business

P.O. BOX 110584
HIALEAH FL 33012-0584

Mailing Address

P.O. BOX 110584
HIALEAH FL 33012-0584

2. Principal Place of Business

2a. Mailing Address

21. Subst. Apt. #, etc.

26. Subst. Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**SUAREZ, JORGE A.
985 EAST 4 ST.
HIALEAH FL 33010**

3. Date Incorporated or Qualified

05/04/1992

3a. Date of Last Report

08/15/1995

4. FEI Number

65-0337444

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

1. NAME	PD	☐ DELETE
2. STREET ADDRESS	SUAREZ, JORGE A.	
3. CITY, STATE, ZIP	985 EAST 4 STREET	
4. NAME	HIALEAH FL	☐ DELETE
5. STREET ADDRESS		
6. CITY, STATE, ZIP		☐ DELETE
7. NAME		
8. STREET ADDRESS		☐ DELETE
9. CITY, STATE, ZIP		
10. NAME		☐ DELETE
11. STREET ADDRESS		
12. CITY, STATE, ZIP		☐ DELETE
13. NAME		
14. STREET ADDRESS		☐ DELETE
15. CITY, STATE, ZIP		
16. NAME		☐ DELETE
17. STREET ADDRESS		
18. CITY, STATE, ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I 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)(a), 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. I am an officer or director of the corporation or a 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 of this report, or in an amendment with an address.

SIGNATURE: ☒

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/96

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CR2E034 (12/95)