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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CHTY-ST-ZIP

CITY-ST-ZIP

(1)

GORORDO ENTERPRISES, INC.

Principal Place of Business	Mailing Addre	SS		1 130H 0/1080 1/100 (1/1/ 1900) 1/300	fait migte minet minit minte minti Mint Mint
P.O. BOX 110584 HIALEAH FL 33012-0584	P.O. BOX 11 HIALEAH FL				
	111111111111111111111111111111111111111			DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	
				05/04/1992	
2. Principal Place of Business	2a. Mailing Ad	dress		4. FEI Number	Applied For
21	26			65-0337444	Not Applicable
├ ──-		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			G. Commode of States Desired	Fee Required
City & State	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
├ ──~ '	Country	<u> </u>	intry	8. This corporation owes or has pa	' "
24 25	29]	30		Personal Property Tax due June	
<u> </u>	Address of Current Registered Agent		AAT A	10. Name and Address of New Re	
SUAREZ, JORGI			81 Name	TORGIE A. SU	IAREZ
985 EAST 4 ST.			82 Street A	ddiess (P.O. Box Numbor is Not Acceptab	ole)
HIALEAH FL 33010			1//	10 WES1 34	<i>U</i> 1
			83		
•			84 City #	11/2011	85 Zip Code 4 💉
		<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i> M = H T</i>	FL 33018
office or registered agent, agent. I am familia/with, a	or both, in the State of Horida. Such cha and accopt the obligations of, Section 60	inge was authorize 7.0505, Florida Stal	d by the corpo tules.	orporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
Signature trace e	nted a new a registroy agent and title if applicable		d Agent signature re	quired when reinstating)	1ACI
12.	OFFICERS AND DIRECTORS	13. Delete 1.171		ADDITIONS/CHANGES TO OFFIC	
TITLE PO					Change Addition
NAME SUAREZ,		1.2 N			
STREET ADDRESS 985 EAST			REET ADDRESS		
CITY-ST-ZIP HIALEAH I			TY-ST-7IP		
TITLE		DECETE 2.1 TI			Change Addition
NAME		2.2 N/	AME		
STREET ADDRESS		2.3 \$1	REE1 ADDRESS		
CITY-ST-ZIF			1Y-S1-ZIP		
JULTE	Ш	DELETE 3110	ILE		Change Addition
NAME		3 2 N/	AWE .		
STREET ADDRESS		3 3 51	REF 1 ADDRESS		
CITY-ST-ZIP			11Y-SI-ZIP		
TITLE		DELETE 4.1 TI	ILLE		Change Addition
NAME		4.2 N	AME		
STREET ADDRESS		4.3 S1	REEL ADDRESS		
CHTY-ST-ZIP		4.4 CI	TY-S1-7/P		

14. Thereby 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 receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attackment with an address.

5.1 TITLE

5.2 NAME

6.1 THLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

1-6-98 (205)512-3442

Change

Change

Addition

Addition

FILED

Jan 20 1998 8:00am

Secretary of State