

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V51124** (8)

1. Corporation Name:

G.V.K., INC.

APPROVED
AND
FILED

95 APR 20 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST SUITE 3600
MIAMI FL 33131

% FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST SUITE 3600
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

1925 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-2108

City & State

City & State

Miami, Florida,

Zip

Country

Zip

Country

33129

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST
SUITE 3600
MIAMI FL 33131

81 Name **GIOVANNA KNOWLES**

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

1925 Brickell Avenue

83 **D-2108**

84 City

Miami, Florida

FL

85 Zip Code
33129

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KNOWLES, GIOVANNA
STREET ADDRESS	100 SE 2ND ST STE 3600
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	KNOWLES, GIOVANNA	
1.3 STREET ADDRESS	1925 Brickell Avenue, D-2108	
1.4 CITY - ST - ZIP	Miami, FLA 33129	☐ Change ☐ Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #