FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # V51124 (8) Corporation Name G.V.K., INC. Principal Place of Business Mailing Address % FLORIDA REGISTERED AGENTS, INC. 1925 BRICKELL AVENUE 100 SE 2ND ST SUITE 3600 D-2108 MIAM! FL 33131 **MIAMI FL 33129** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/16/1992 04/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199,032. 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIOVANNA KNOWLES Street Address (P.O. Box Number is Not Acceptable) Ř2 1925 BRICKELL AVENUE D-2108 **MIAMI FL 33129** 84 City 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. S:GNATURE Signature, typied or zer ted name of registered agent and title it applicable (NO16 Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE Change Addition KNOWLES, GIOVANNA 12 NAME CR2E034 100 SE 2ND ST STE 3600 STREET ADDRESS 13 STREET ADDRESS MIAMI FL CHY-\$1-7IF 1.4 C(TY-ST-Z)P DELETE 2 1 TITLE ☐ Change Addition 2.2 NAME STEEL LADORESS 2.3 STREET ADDRESS Cl[[Y:S]:ZlP]24 CITY - ST - ZIP DELETE 3 1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CON STAZE 3.4 CHY - ST-ZIP DELETE 4 1 TITLE Change Addition 4.2 NAME * STREET ADDRESS 4.3 STREET ADDRESS C(TY - S1 - 7)P 4.4 CITY - ST - ZIP TT DELETE 5 1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

0:1Y-51-7:P 6 4 CITY - ST - ZIP 14. I do herety 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 eath, 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 attachment with an address.

5.4 City-St-ZiP

6.3 STREET ADDRESS

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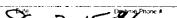
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SIGNING OFFICER OR DIRECTOR

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