

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V53147 (7)**

GUDINIO ENTERPRISES, INC.

Principal Place of Business: **6001 N. ARMENIA AVENUE TAMPA FL 33604**
Mailing Address: **6001 N. ARMENIA AVENUE TAMPA FL 33604**

APPROVED
MAY 1 1995
CORPORATION
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/23/1992		3a. Date of Last Report 05/01/1994	
4. FEI Number 39-3136087		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 199(3)(2), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GUDINIO, LUIS 6001 N. ARMENIA AVE. TAMPA FL 33604				10. Name and Address of New Registered Agent			
B1 Name				B5 Zip Code			
B2 Street Address (P.O. Box Number is Not Acceptable)				FL			
B3				B4 City			

11. Pursuant to the provisions of Sections 607.0603 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 provisions of Sections 607.0603, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME GUDINIO, LUIS STREET ADDRESS 6001 N. ARMENIA AVE. CITY AND ZIP TAMPA FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	NAME GUDINIO, ELBA STREET ADDRESS 6001 N. ARMENIA AVE. CITY AND ZIP TAMPA FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY AND ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY AND ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY AND ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY AND ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(9)(a), Florida Statutes. I further certify that the information included in 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 use on this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers or directors attached to this filing.

SIGNATURE: *Luis Gudinio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Luis Gudinio

DATE: **4/30/95 (S13) 577-4687**