

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

FILED

**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V57707 (4)

1. Corporation Name
G & G WHOLESALE, INC.



Principal Place of Business: **235 SW 95TH PLACE MIAMI FL 33174**
Mailing Address: **235 SW 95TH PLACE MIAMI FL 33174-2068**

3. Date Incorporated or Qualified: **08/11/1992**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **65-0351434**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

**OROZCO, OSVALDO R
1378 CORAL WAY 4TH FLOOR
MIAMI FL 33145**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 607.0505, Florida Statutes.

SIGNATURE:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	S GUERRA, ANA E
STREET ADDRESS	235 S.W. 95TH PLACE
CITY-ST-ZIP	MIAMI FL 33174
TITLE	<input type="checkbox"/> DELETE
NAME	P GUTIERREZ, LESBIA P
STREET ADDRESS	235 S.W. 95TH PLACE
CITY-ST-ZIP	MIAMI FL 33174
TITLE	<input type="checkbox"/> DELETE
NAME	VP GUERRA, ARMANDO J
STREET ADDRESS	235 S.W. 95TH PLACE
CITY-ST-ZIP	MIAMI FL 33174
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S GUERRA, ANA E
1.3 STREET ADDRESS	2301 S.W. 143rd PLACE
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33175
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P GUTIERREZ, LESBIA P.
2.3 STREET ADDRESS	2301 S.W. 143rd PLACE
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33175
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP GUERRA, ARMANDO J
3.3 STREET ADDRESS	2301 S.W. 143rd PLACE
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33175
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 address.

SIGNATURE: *Lesbia P. Gutierrez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-97 (305) 223-5185
Date Daytime Phone #

CR2E034 (9/96)