

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:55

DOCUMENT # **V71329** (9)

1. Corporation Name
GUBI CO.

Principal Place of Business Mailing Address
1542 ALTON RD. MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/15/1992** 3a. Date of Last Report **03/22/1994**

2. Principal Place of Business 2a. Mailing Address
21 **930 NE 81st STREET** 26 **930 NE 81st STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State
23 **MIAMI FL** 28 **MIAMI FL**

Zip Country Zip Country
24 **33138** 25 Country 29 **33138** 30 Country

4. FEI Number **65-0368417** Applied For Not Applicable

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

9. Name and Address of Current Registered Agent
GUBA, ILDIKO
1542 ALTON RD.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name **ILDIKO GUBA**
82 Street Address (P.O. Box Number is Not Acceptable) **930 NE 81st STREET**
83
84 City **MIAMI** FL 85 Zip Code **33138**

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 revolving) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FRAMPTON, SEAN
STREET ADDRESS	1542 ALTON RD.
CITY ST ZIP	MIAMI BEACH FL
TITLE	D
NAME	GUBA, ILDIKO
STREET ADDRESS	1542 ALTON RD.
CITY ST ZIP	MIAMI BEACH FL
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRAMPTON, SEAN
1.3 STREET ADDRESS	930 NE 81st STREET
1.4 CITY - ST - ZIP	MIAMI, FL 33138
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUBA, ILDIKO
2.3 STREET ADDRESS	930 NE 81st STREET
2.4 CITY - ST - ZIP	MIAMI, FL 33138
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 address.

SIGNATURE: *[Signature]* 1/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR