FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State May 01, 1996 08:00 AM DIVISION OF CORPORATIONS 1996 **Secretary of State** (5)327468 **DOCUMENT #** GLADYS APARTMENTS, INC. Mailing Address Principal Place of Business 1116 NW 50 DRIVE 1116 NW 50 DRIVE POMPANO BEACH FL 33110 POMPANO BEACH FL 33110 3a. Date of Last Report 3. Date incorporated or Qualified 04/28/1995 03/13/1968 Applied For 4, FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1230835 26 \$8.75 Additional 21 Gertificate of Status Desired Suite Apt. #, etc \Box Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 8. This corporation has liability for Intangible tax under s 199.032 23 Country Yes \ No Country Zip Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent Name 81 Street Address (P.O. Box Number is Not Acceptable) PADIERNE, RAFAEL E., ESQ. 82 1800 S.W. FIRST STREET A3 MIAMI FL 33135 Zip Code 84 City 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. DATE Signature, typed or printed tracine of regulational algorithm of their apply are ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE TITLE WALSH, CARMEN NAME 13 STREET ADDRESS 1116 NW 50 DRIVE STREET ADDRESS 14 City - St. ZiP POMPANO BEACH FL Addition Change CITY-ST-ZIP 2 1 THLE DELETE TITLE 2.2 NAME GOMEZ, RODOLFO A. NAME 2.3 STREET ADDRESS 16400 N.E. 29TH AVE. STREET ADDRESS 24 CIY-ST ZIP N. MIAMI BEACH FL Addition Change CITY-ST-ZIP DELETE 3.1 DLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP Addition Change CITY-ST-ZIP 4 1 TiTLE DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 OITY - \$1 - ZIF Addition Change CITY - ST - ZIP DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADORESS 5.4 CHTY - \$1 - ZIP Addition Change CITY - ST - Z:P DELETE 6.17916 TITLE

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)(N). 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 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 certify 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

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CR2E034 (12/95)