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

SIGNATURE:

Apr 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)M59131 G & L INVESTMENT CORPORATION Principal Place of Business Mailing Address 1261 CORAL WAY 1261 CORAL WAY **PENTHOUSE** PENTHOUSE DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 09/16/1987 2. Principal Place of Business 2a. Mailing Address Applied For 65-0008318 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Ζφ Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OSCAR DE LA GUARDIA 1261 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 agent. I am familiar with, and scorp the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE.

OSC AR DELA GUANDIA Signature, typed or printed name of registered agent and title if applicable OTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1 1 TITLE Change Addition TITLE DE LA GUARDIA, OSCAR 12 NAME CR2E034 NAME 1281 CORAL WAY 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE LAZAGA, JOSE 2.2 NAME NAME 1261 CORAL WAY 2.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - 2IP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 14. Thereby 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 altacher, with an address.

FILED

4/13/98 (305)4453976