


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90130 027 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000034812**  
 1. Corporation Name  
**GLADES FINANCE, INC.**

Principal Place of Business 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	Mailing Address 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/16/1998</b>	
21 340 Royal Poinciana Way	26 340 Royal Poinciana Way	4. FEI Number <b>65-0834735</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22 Suite 316		Suite, Apt. #, etc. 27 Suite 316		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 Palm Beach, FL		City & State 28 Palm Beach, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 33480	25 USA	29 33480	30 USA	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D/C/CEO</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FANJUL, ALFONSO</b>	1.2 NAME	<b>340 Royal Poinciana Way</b>
STREET ADDRESS	<b>316 ROYAL POINCIANA PLAZA</b>	1.3 STREET ADDRESS	<b>Suite 316</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	1.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b> <b>CORRECTION</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>C/V/C/P/COO</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FANJUL, JOSE F</b>	2.2 NAME	<b>340-Royal Poinciana Way</b>
STREET ADDRESS	<b>316 ROYAL POINCIANA PLAZA</b>	2.3 STREET ADDRESS	<b>Suite 316</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	2.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b> <b>CORRECTION</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RECIO, ALBERTO S</b>	3.2 NAME	<b>340 Royal Poinciana Way</b>
STREET ADDRESS	<b>316 ROYAL POINCIANA PLAZA</b>	3.3 STREET ADDRESS	<b>Suite 316</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	3.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b> <b>CORRECTION</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D/Exec.V/AS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARSON, DONALD W</b>	4.2 NAME	<b>340 Royal Poinciana Way</b>
STREET ADDRESS	<b>316 ROYAL POINCIANA PLAZA</b>	4.3 STREET ADDRESS	<b>Suite 316</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	4.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b> <b>CORRECTION</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D/V/S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDMA, JOSE F JR.</b>	5.2 NAME	<b>340 Royal Poinciana Way</b>
STREET ADDRESS	<b>316 ROYAL POINCIANA PLAZA</b>	5.3 STREET ADDRESS	<b>Suite 316</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	5.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b> <b>CORRECTION</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>AS/AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Blomqvist, Erik J.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>340 Royal Poinciana Way</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Suite 316</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.071(1)(f) 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 Section 607.071(1)(f) Florida Statutes. This information appears in Block 12 or Block 13 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

(See Attachment For Continuation)