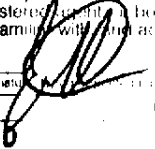


FILED

Jun 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		P97000074476 (7)	
1. Corporation Name EDLOR CORP			
Principal Place of Business C/O GNC 1550 W 84 ST #20 HIALEAH FL 33014		Mailing Address C/O GNC 1550 W 84 ST #20 HIALEAH FL 33014	
2. Principal Place of Business 21 8625 NW 186 St Suite, Apt. #, etc 22 City & State 23 Miami FL Zip Country 24 33015 25		2a. Mailing Address 26 8625 NW 186 St Suite, Apt. #, etc 27 City & State 28 Miami FL Zip Country 29 33015 30	
g. Name and Address of Current Registered Agent SIRVEN & ADAMS, P.A. 380 W. 49 STREET HIALEAH FL 33012			
11. Pursuant to the provisions of Sections 607.0632 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, in both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE  President. Edgar Espinosa Signature must be in ink. If printed, it must be in the appropriate block. (By the Registered Agent, if the corporation requires.)		81 Name 82 Street Address 83 84 City	
12. OFFICERS AND DIRECTORS			
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ DELETE	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	
13. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	
14. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this annual report or supplement to annual report is true and accurate and that my signature officer or director of the corporation or the partner or trustee empowered to execute this report as required Block 12 or Block 13 if changed, or is an agent with an address.			

3. Date Incorporated or Qualified 08/26/1997	
4. FEI Number 65-0777567	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
10. Name and Address of New Registered Agent Agar Espinosa 25 NW 186 St	
MI corporation submits this statement for the purpose of changing its registered agent on its board of directors. Thereby accept the appointment as registered agent. 4-22-98 (When circulating) (DATE) FL 85 Zip Code 33015	
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition Agar Espinosa 25 NW 186 St MI FL 33015 ☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
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Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer of the corporation; and that my name appears in the	

CR2E034 (10/97)