

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 22 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **327468** (5)  
1. Corporation Name  
**GLADYS APARTMENTS, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>1116 NW 50 DRIVE<br/>POMPANO BEACH FL 33110</b> | Mailing Address<br><b>1116 NW 50 DRIVE<br/>POMPANO BEACH FL 33110</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br><b>03/13/1968</b>  |  |
| 21  |  | 26   |  | 4. FEI Number<br><b>59-1230835</b>  |  |
| 22  |  | 27   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |
| 23  |  | 28   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| 24  |  | 29   |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**PADIERNE, RAFAEL E  
3191 CORAL WAY ST 1005  
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name **Arazoza, Comas de Torres & Fernandez-Fraga, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**101 Madeira Ave**  
83  
84 City **Coral Gables,** **FL** 85 Zip Code **33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                  |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |  |  |
|----------------------------|----------------------------------|---------------------------------|--|---|-----------------------|--|--|
| TITLE                      | P                                | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>WALSH, CARMEN</b>             |                                 |  | 1.2 NAME  | <b>Suero, Heidi G</b> |  |  |
| STREET ADDRESS             | <b>1116 NW 50 DRIVE</b>          |                                 |  | 1.3 STREET ADDRESS                                    |                       |  |  |
| CITY-ST-ZIP                | <b>POMPANO BEACH FL</b>          |                                 |  | 1.4 CITY-ST-ZIP                                       |                       |  |  |
| TITLE                      | V                                | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | VP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>SUERO, HEIDI G</b>            |                                 |  | 2.2 NAME  | <b>Walsh, Carmen</b>  |  |  |
| STREET ADDRESS             | <b>3080 NE 190TH ST. STE 207</b> |                                 |  | 2.3 STREET ADDRESS                                    |                       |  |  |
| CITY-ST-ZIP                | <b>AVENTURA FL</b>               |                                 |  | 2.4 CITY-ST-ZIP                                       |                       |  |  |
| TITLE                      |                                  | <input type="checkbox"/> DELETE |  | 3.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                  |                                 |  | 3.2 NAME  |                       |  |  |
| STREET ADDRESS             |                                  |                                 |  | 3.3 STREET ADDRESS                                    |                       |  |  |
| CITY-ST-ZIP                |                                  |                                 |  | 3.4 CITY-ST-ZIP                                       |                       |  |  |
| TITLE                      |                                  | <input type="checkbox"/> DELETE |  | 4.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                  |                                 |  | 4.2 NAME  |                       |  |  |
| STREET ADDRESS             |                                  |                                 |  | 4.3 STREET ADDRESS                                    |                       |  |  |
| CITY-ST-ZIP                |                                  |                                 |  | 4.4 CITY-ST-ZIP                                       |                       |  |  |
| TITLE                      |                                  | <input type="checkbox"/> DELETE |  | 5.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                  |                                 |  | 5.2 NAME  |                       |  |  |
| STREET ADDRESS             |                                  |                                 |  | 5.3 STREET ADDRESS                                    |                       |  |  |
| CITY-ST-ZIP                |                                  |                                 |  | 5.4 CITY-ST-ZIP                                       |                       |  |  |
| TITLE                      |                                  | <input type="checkbox"/> DELETE |  | 6.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                  |                                 |  | 6.2 NAME  |                       |  |  |
| STREET ADDRESS             |                                  |                                 |  | 6.3 STREET ADDRESS                                    |                       |  |  |
| CITY-ST-ZIP                |                                  |                                 |  | 6.4 CITY-ST-ZIP                                       |                       |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 its 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, changed, or deleted, with an address.

SIGNATURE:

*[Signature]*

*[Signature]* 7/14/98

CR2E034 (5/98)