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FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 327468 (5)

1. Corporation Name
GLADYS APARTMENTS, INC.



Principal Place of Business
1116 NW 50 DRIVE
POMPANO BEACH FL 33110

Mailing Address
1116 NW 50 DRIVE
POMPANO BEACH FL 33064-8630

3. Date Incorporated or Qualified: 03/13/1968
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1230835
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
PADIERNE, RAFAEL E., ESQ.
1800 S.W. FIRST STREET
MIAMI FL 99405

10. Name and Address of New Registered Agent
81. Name: RAFAEL E. PADIERNE, ESQ.
82. Street Address (P.O. Box Number is Not Acceptable): 3191 CORAL WAY SUITE 1005
83. City: MIAMI
84. State: FL
85. Zip Code: 33145

11. Pursuant to the provisions of Sections 607.0507 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: *Rafael Padierne* RAFAEL E. PADIERNE DATE: 2/6/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WALSH, CARMEN	
STREET ADDRESS	1116 NW 50 DRIVE	
CITY- ST- ZIP	POMPANO BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, RODOLFO A.	
STREET ADDRESS	10400 N.E. 29TH AVE.	
CITY- ST- ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HEIDI GOMEZ SUERO
2.3 STREET ADDRESS	3000 NE 190 ST #207
2.4 CITY- ST- ZIP	Aventura, FL 33180
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby 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 attachment with an address.

SIGNATURE: *Carmen Walsh* 2-18-97 954-360-2957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)