

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



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

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



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	03/13/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
23		28		59-1230835	
City & State		City & State		Applied For	
24		29		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
25	25	29	29	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
PADIERNE, RAFAEL E				<input type="checkbox"/> \$5.00 May Be Added to Fees	
3191 CORAL WAY ST 1005				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
MIAMI FL 33145				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
81 Name				10. Name and Address of New Registered Agent	
Araozza, Comas de Torres & Fernandez-Fraga, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)	
82				101 Madeira Ave	
83				84 City	
84				Coral Gables, FL 85 Zip Code	
85				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]*
 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	1.1 TITLE	PD
NAME	WALSH, CARMEN	1.2 NAME	Suero, Heidi G
STREET ADDRESS	1116 NW 50 DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	VP
NAME	SUERO, HEIDI G	2.2 NAME	Walsh, Carmen
STREET ADDRESS	3080 NE 190TH ST. STE 207	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 de-registered with an address.

SIGNATURE: *[Signature]* **7/14/98**

CR2E034 (5/98)