

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90024 038 ***150.00

DOCUMENT # 583283

1. Corporation Name
SIG M. GLUKSTAD, INC.

Principal Place of Business

1801 N.W. 82 AVENUE
P.O. BOX 523730
MIAMI FL 33126-8013

Mailing Address

1801 N.W. 82 AVENUE
P.O. BOX 523730
MIAMI FL 33126-8013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1978

4. FEI Number

59-1842080

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ROBERTS, LEONARD C.
1801 N.W. 82ND AVENUE
MIAMI FL 33126-8013

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE PD ☐ DELETE

NAME ROBERTS, LEONARD C.

STREET ADDRESS 1801 NW 82 AVE.

CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME GLUKSTAD, PHYLLIS

STREET ADDRESS 1801 NW 82 AVE.

CITY-ST-ZIP MIAMI, FL 00000

TITLE VD ☐ DELETE

NAME ROBERTS, BRUCE

STREET ADDRESS 1801 NW 82 AVE.

CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME CREECH, GEORGE A.

STREET ADDRESS 1801 NW 82 AVE.

CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME AGUIRRE, JOSE I.

STREET ADDRESS 1801 NW 82 AVE.

CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME ANNUNZIATA, FRED

STREET ADDRESS 1801 NW 82 AVE.

CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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, with all other like empowered.

SIGNATURE:

JOSE AGUIRRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE AGUIRRE 4/16/99 305-5940038

Date

Daytime Phone #

0180645

CR2E034 (11/98)