SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS K19015 DOCUMENT # (2)G.L.P., INC. Principal Place of Business Mailing Address % CORPCO, INC. % CORPCO. INC. 2699 S. BAYSHORE DR. 7TH FLOOR 2699 S. BAYSHORE DR. 7TH FLOOR MIAMI FL 33133 MIAMI FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1988 05/01/1995 2. Principal Place of Business Mailing Address 4 FEL Number Applied For 21 26 65-0039701 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has rability for intangible tax under s. 199 032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPCO, INC. 2699 S. BAYSHORE DR 82 Street Address (P.O. Box Number is Not Acceptable) 7TH FLOOR 83 **MIAMI FL 33133** 84 City 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or pinted nanie of registered agent and title if applicable (NOTE: Registered Agent signature required when revistating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE DVP DELETE 117006 Change Addition **GUILFOYLE, MICHAEL** NAME 1.2 NAME CR2E034 STREET ADDRESS 10525 SW 139 COURT 1.3 STREET ACIDRESS MIAM! FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP TITLE DVP DELETE 2 1 THUE Change Addition LOWMAN, ANN NAME 2.2 NAME 10525 SW 139 COURT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DS DELETE 3.1 THILE Change Addition NAME POWELL, MYRTLE 3.2 NAME 10525 SW 139 COURT STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3 4. C-TY - ST - ZIP TITLE DELETE 4 : TITLE Change Addition NAME LOWMAN, JOEL 4 2 NAME 10525 SW 139 COURT STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY - ST - 70F TITLE DELETE 51 III: 6 Change Addition NAME GUILFOYLE, MARY JANE 5.2 NAME 10525 SW 139 COURT STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 5.4 O(TY - \$1 - 7)P TITLE DELETE 61 TITLE Change Addition NAME £2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 2IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 617, Florida Statutes, and that my name appears in Block 12 or Brock 13 if changed or on an attachment with an address. Mary Jan Guiltoyle 7/30/16 305-529-1500 SIGNATURE: