

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L94838 (4)

1. Corporation Name

GLADETEC INC.

Principal Place of Business

Mailing Address

**1111 LINCOLN RD #500
MIAMI BEACH FL 33139**

**1111 LINCOLN RD #500
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/17/1990** 3a. Date of Last Report **03/09/1994**

4. FEI Number **13-3624623** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Tax Year (Corporate Year) ☐ **\$5.00 May Be Added to Fees**

8. The corporation has liability for information under s. 199.022, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 County

25 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSE, LEO JR
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139**

81 Name

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

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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 of Registered Agent or Director)

(Signature of Agent or Director)

Date

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

14 NAME **D BENEROFE, ANDREW**
15 STREET ADDRESS **2401 NW RESERVE PARK TRA**
16 CITY, ST. ZIP **PT ST LUCIE FL**

17 TITLE ☒ Change ☐ Addition
18 NAME **Benerofe, Andrew**
19 STREET ADDRESS **MPO Box 217, 4 New King St.**
20 CITY, ST. ZIP **Purchase, N.Y. 10577-0217**

21 NAME **D BENEROFE, MITCHELL**
22 STREET ADDRESS **2401 NW RESERVE PARK TRA**
23 CITY, ST. ZIP **PT ST LUCIE FL**

24 TITLE ☒ Change ☐ Addition
25 NAME **Benerofe, Mitchell**
26 STREET ADDRESS **MPO Box 217, 4 New King St.**
27 CITY, ST. ZIP **Purchase, N.Y. 10577-0217**

28 NAME **D FLINN, ROBERT**
29 STREET ADDRESS **2401 NW RESERVE PARK TRA**
30 CITY, ST. ZIP **PT ST LUCIE FL**

31 TITLE ☒ Change ☐ Addition
32 NAME **Flinn, Robert**
33 STREET ADDRESS **1415 Boston Post Road**
34 CITY, ST. ZIP **Larchmont, N.Y. 10538**

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14. I hereby certify that the information supplied with this filing is accurately furnished and claims responsibility for the information stated in Section 199.022, Florida Statutes. I further certify that the information extracted 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 1437, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or as an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/95 914-681-5600

CR2E034 (3/95)