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 CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 08/17/1990
3a. Date of Last Report: 07/05/1995
4. FEI Number: 13-3624623 — Applied For / Not Applicable
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	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

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	D	☒ DELETE
NAME	BENEROFE, ANDREW	
STREET ADDRESS	MPO BOX 217, 4 NEW KING ST.	
CITY-ST-ZIP	PURCHASE NY	
TITLE	D	☒ DELETE
NAME	BENEROFE, MITCHELL	
STREET ADDRESS	MPO BOX 217, 4 NEW KING ST.	
CITY-ST-ZIP	PURCHASE NY	
TITLE	D	☐ DELETE
NAME	FLINN, ROBERT	
STREET ADDRESS	1415 BOSTON POST RD.	
CITY-ST-ZIP	LARCHMONT NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ANDREW BENEROFE	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	MPO BOX 339 4 NEW KING ST	
1.4 CITY-ST-ZIP	PURCHASE, NY 10577	
2.1 TITLE	MITCHELL BENEROFE	☒ Change ☐ Addition
2.2 NAME	MPO BOX 339 4 NEW KING ST	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	PURCHASE NY 10577	
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		

CR2E034 (3/96)

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), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: X [signature] 7/17/96 212-681-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #