

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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L94838** (4)
1. Corporation Name
GLADETEC INC.

Principal Place of Business
**1111 LINCOLN RD #500
MIAMI BEACH FL 33139**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4 New King Street Suite, Apt. #, etc. 22 PO Box 339 City & State 23 Purchase, New York Zip 24 10577-0339 Country 25 USA		2a. Mailing Address 26 4 New King Street Suite, Apt. #, etc. 27 PO Box 339 City & State 28 Purchase, New York Zip 29 10577-0339 Country 30 USA		3. Date Incorporated or Qualified 08/17/1990	
9. Name and Address of Current Registered Agent ROSE, LEO JR 1111 LINCOLN ROAD SUITE 500 MIAMI BEACH FL 33139		4. FEI Number 13-3624623 Applied For Not Applicable			
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent 81 Name TB Registered Corporation 82 Street Address (P.O. Box Number is Not Acceptable) Suntrust International Center 83 1 Southeast Third Avenue, Suite 2400 84 City Miami 85 Zip Code FL 33131					

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 *Leo Rose, Jr. Vice President* DATE **6/16/98**
Signature of officer, president, or registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENEROFFE, ANDREW			1.2 NAME			
STREET ADDRESS	MPO BOX 339 4 NEW KING STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	PURCHASE NY			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENEROFFE, MITCHELL			2.2 NAME			
STREET ADDRESS	MPO BOX 339 4 NEW KING STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	PURCHASE NY			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLINN, ROBERT			3.2 NAME			
STREET ADDRESS	1415 BOSTON POST RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LARCHMONT NY			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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)(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 a registered agent 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 in my appointment with an address.

SIGNATURE *Mitchell Beneroffe* *Andrew Beneroffe*

CR2E034 (10/97)