

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # *m 37482* (2)
1. Corporation Name
GLOW LAND CORP.

Principal Place of Business

NORTH MIAMI BCH FL 33179

Mailing Address:

C/O GOLDWYN
115 KENSINGTON ROAD
HOLLYWOOD FL 33021-2819
US

3. Date Incorporated or Qualified <i>8/27/86</i>	3a. Date of Last Report <i>1996</i>
4. FEI Number <i>59-2710389</i>	Applies 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

21 *10 NE 167th STREET*

22 Suite, Apt. #, etc.

23 City & State
NORTH MIAMI BEACH FL

24 Zip
33162

25 Country
USA

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GOLDWYN, OWEN L.
3800 S. OCEAN DRIVE
SUITE 235
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	FL
05 Zip Code	

11. Pursuant to the provisions of Sections 007.0502 and 007.1508, 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 007.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *5/13/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GOLDWYN, OWEN L.	12 NAME	
STREET ADDRESS	3800 S. OCEAN DRIVE, SUITE 235	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☒ Addition
NAME	OFER SHAMIRANI	22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *5/13/97* 305948 8757

CR2E034 (9/96)