FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name M44897

(0)

G. D. KLIEGER, INC.

1809 HARRISON ST, SUITE 2AV HOLLINGOO PL 30000															
SUITE 204 MOLLYWOOD FL 30200 US	Principal Place of Business Mailing Address											4 10010001 111 0104 01001 10100 101	14 14 0 1 0 10 (1 0)		III Ofoii Dibil Ioui
US		SUITE 204		SUITE 204											
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Subject Application	2.	Principal Pla	ice of Busin	055		2a.	≥a. Mailing Address						<u> </u>		·
27	21						1								
28	22	Suite, Apt. #	i, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired				
Zip Country Zip Country Zip Country 2 Zip		City & State			drawing Marco Label Cornel Microscope City		City & State					<u> </u>	\$5.0	O May Be	
Page	23	2.													
1. Name and Address of Current Registered Agent	24	ΖΙβ					ı			,					
KLIEGER, GERSHON 8300 SW 92ND TERRACE MIAMI FL 33156 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1509, Florida Statutes, the above named corporation submits this statement for the pursues 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 except the obligations of Section 607,0505, Florida Statutes, The above named corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and except the obligations of Section 607,0505, Florida Statutes, The above named corporation submits this statement for the pursue of changing its registered agent, I am familiar with a new pointment as registered agent, I	24														
8300 SW 92ND TERRACE 84										١	Name		, 		''
MIAMI FL 33156				ICE				82	S	Street Address	dress (P.O. Box Number is Not Acceptable)				
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12.	SIC	SNATURE	_												
THILE DPS	40		Signature, typed	or printed					l sig	mature required wh			NECOTO	NDO IN 40	
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Ldo 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/ki. Florida Statutes Lifurther				45.4 1.5		141. Al-1.	Zina in the case of the case o						midul S. Ph. 1	-I. O	

roo nevery certify that the information supplied with this iming is voluntarily turnished and oose not qualify for the exemption stated in Section 119.07(3)(k), Horida Statutes. If 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or on an address. SIGNATURE:

CARRIADO DO ACOMO ACARE CACOS CANACIDADE ACARE ACARE