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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # M88666

1. Corporation Name

GLENTE	K INC.											
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		•		·								
Principal Place	of Business	· · · ·	Ma	ailing Address				1199!!	imit imi tätat tätta mitta	81119 <b>3</b> 111 <b>818</b> 11 <b>9</b>	tgts #1#+1 #1#11 #1	1911 61611 1961
7175 SW 8TH 9	ST.	•	717	5 SW 8TH ST.								
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MIAMI FL 33144	1	`	MIA	AMI FL 33144					DO NOT WE		SPACE	~
								1	porated or Qualife	d -		
								07/07/1			····	
2. Principal P	lace of Busin	ess	2a.	Mailing Address				4. FEI Numb			· · ·	olied For
21			26					65-027	862	: <u>-</u>		Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.		* 7		5. Certifcate	of Status Desired		\$8.75 A	
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City & State	e .		$\vdash$	City & State					ampaign Financing	, 🗆	\$5.00	· .
23			28						d Contribution		Added to	Fees
Zip	, ,	Country		Zip	Cou	intry			oration owes the cu	rrent year Int		
24		25].	29		30				Property Tax.			□No
	9. Name	and Address of C	Current Regis	tered Agent				10. Name an	d Address of New		Agent	
						81 1	Name 🖍	MICHAE!	1 G FR	4560		
	SCO, JOHN					82 5	Street Add	dress (P.O. Box No	mber is Not Accer	table)		
	SW 16 ST						201	4 SW 14	2 Ave.			
MAIM	VII FL 33165	5 ·				83						
						84 (	Cibi			<del></del> .	85 Zip C	inde
		•				04	City 1	ligui		FL	.   "  <i>33</i> "	71
11. Pursuant	to the provisi	ions of Sections 60	07.0502 and 6	07.1508, Florida Stat	utes, the a	bove-n		maratian aubmita t	his statement for th	e purpose of	changing its	registered
office or re	egistered age	ent, or both, in the	State of Florid	07.1508, Florida Stat la. Such change was Section 607.0505, F	authorized	d by the	e corporat	tion's board of dire	ctors. I hereby acc	ept the appoi	ntment as reg	jistered
agent. ra	nı tarımılar wil	ui, aliu accepytiie	υνιιyauvii σων,						•			
	•							•	•	3/17/9	9 <del>9</del>	l
SIGNATURE	Y	//25	, San					ired when reinstating)		3/17/9 DATE	79	
	Y	or partied name of registe	, San	If applicable. (NO				ired when reinstating)	S/CHANGES TO C	3/17/9 DATE	79	
SIGNATURE	Signature, typed	or partied name of registe	ore agent and title	If applicable. (NO	TE. Registered	Agent sig	gnature requi	ired when reinstating) ADDITION	S/CHANGES TO C	DATE OFFICERS AN	79	
SIGNATURE	Signature, typed	or parties name of register OFFICE	ore agent and title	ff applicable. (NO	TE. Registered	Agent sig	gnature requi	ADDITION	S/CHANGES TO C	DATE OFFICERS AN	77 ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed PST CRUZAT,	or parties name of registe OFFICE	ore agent and title	ff applicable. (NO	13. 1.1 TI 1.2 N	Agent sig	gnature requi	ADDITION	S/CHANGES TO C	DATE OFFICERS AN	D DIRECTO	RS IN 12
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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 suppliemental 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 changed, or on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND DIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90014 032 \*\*\*158.75