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

FILED Apr 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000020237 (1) G & L INTERNATIONAL ENTERPRISES CORP. Principal Place of Business Mailing Address 301 ALESIO AVENUE 301 ALESIO AVENUE CORAL GABLES FL 33134 **CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For AVENUE ALESTO AVENUE 30 i 301 Alesio 65-0475000 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing CORAL GABLES GABLES CONSL Trust Fund Contribution Added to Fees Country Countr Zip 8. This corporation owes or has paid the current year Intangible 25 Missa USA USA Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name PEREZ, GERALDINE 301 ALESIO AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 64 City Zip Code 85 11. Pursuant to the provisions of Socions 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, Socion 607.0505, Florida Statutes. 3-25-98 SIGNATURE Signature, typed or printed e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE PEREZ, GERALDINE CR2E034 1.2 NAME NAME 301 ALESIO AVE. 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 10115 Change Addition PARETS, LYDIA J. NAME 2.2 NAME STREET ADDRESS 301 ALESIO AVENUE 2.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-Z#P THILE DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(TY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 supplier by Information indicated on this annual report or supplier by Information of the recognition 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 affairhment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

CICNATIDE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

3-25-98

305-441-5084

☐ Change

Addition