

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 NOV -4 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046909 (5)  
1. Corporation Name  
GLS INVESTMENT CORPORATION

Principal Place of Business  
2000-1 HENDRICKS AVE.  
#22  
JACKSONVILLE, FL 32207  
US

Mailing Address  
2000-1 HENDRICKS AVE.  
#22  
JACKSONVILLE, FL 32207-3372  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
6/23/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number  
59-3255853

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAX CO  
% MAHONEY ADAMS & CRISER, P.A.  
50 N. LAURA ST., 3400 BARNETT CENTER  
JACKSONVILLE, FLORIDA

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in Block 12 or 13 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LAZO, CICERON V  
STREET ADDRESS 2000-1 HENDRICKS AVE, #22  
CITY-ST-ZIP JACKSONVILLE, FL 32207

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition  
600002687386-3  
-11/13/98-01074-025  
\*\*\*\*400.00 \*\*\*\*400.00

TITLE D ☐ DELETE  
NAME GARCIA, FIDEL  
STREET ADDRESS 2000-1 HENDRICKS AVE., #22  
CITY-ST-ZIP JACKSONVILLE, FL 32207

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition  
600002687386-3  
-11/13/98-01074-026  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE D ☐ DELETE  
NAME SACAQUINI, NICOLAU  
STREET ADDRESS 2000-1 HENDRICKS AVE, #22  
CITY-ST-ZIP JACKSONVILLE, FL 32207

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in  
Block 12 or Block 13 if changed.

SIGNATURE: X

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)