

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 19 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000092794 (4)

1. Corporation Name

GLENDAL HOLDINGS, INC.

Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES FL 33146
US

535 HARDIE ROAD
CORAL GABLES FL 33146
US

3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For

APPLIED FOR - 65-056523

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B & C CORPORATE SERVICES, IN.
201 S BISCAYNE BLVD
SUITE 3000
MIAMI FL 33131

81 Name

Angel M. Aizala

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

125 HARDCRE Road

83

84 City

Coral Gables

FL

85 Zip Code

33146

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 accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

STD

DELETE

NAME

AIXALA, MICHAEL

STREET ADDRESS

535 HARDIE ROAD

CITY-ST-ZIP

CORAL GABLES FL 33146

TITLE

PD

DELETE

NAME

AIXALA, ANGEL

STREET ADDRESS

535 HARDIE ROAD

CITY-ST-ZIP

CORAL GABLES FL 33146

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

REINSTATEMENT

700002034957-0
-12/20/96--01054--014
***375.00 ***375.00

14. I do 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)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96
Date

305-669-7012
Daytime Phone #