

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Benita B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY - 1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092794 (4)

To: Corporation Name

GLENDALE HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**%BROAD AND CASSELL
201 S BISCAYNE BLVD. SUITE 3000
MIAMI FL 33131**

Mailing Address

**%BROAD AND CASSELL
201 S BISCAYNE BLVD. SUITE 3000
MIAMI FL 33131**

3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report

4. FCI Number ☒ Applied For
Not Applicable

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

6. Filing of Corporate Documents ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has authority to incorporate in Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **2121 Ponce de Leon Blvd**

2a. Mailing Address

26 **535 Hardie Road**

State Apt. # etc.

State Apt. # etc.

22 **Suite 1050**

27

City & State

City & State

23 **Coral Gables, FL**

28 **Coral Gables, FL**

24 **33146**

25 **USA**

29 **33146**

30 **USA**

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**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. This certificate for the purpose of new incorporation and for Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by Chapter 190, Florida Statutes. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not accepting the appointment as registered agent under Chapter 190, Florida Statutes.

SIGNATURE

For Signature Agent, agent or registered agent

AT

12. CURRENT REGISTERED AGENTS		13. AGENTS FOR SERVICE OF PROCESS	
NAME		NAME	P/D Angel Aixala
STREET ADDRESS		STREET ADDRESS	535 Hardie Road
CITY		CITY	Coral Gables, FL 33146
STATE		STATE	FL
ZIP		ZIP	33146
NAME		NAME	S/T/D Michael Aixala
STREET ADDRESS		STREET ADDRESS	535 Hardie Road
CITY		CITY	Coral Gables, FL 33146
STATE		STATE	FL
ZIP		ZIP	33146
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
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STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01(4)(b) Florida Statutes. I further certify that the information filed on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am aware of the law that the corporation or the officer or director empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 12 or Block 13 is stamped on the attachment with an address.

SIGNATURE:
SIGNATURE MUST BE PRINTED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

305-669-9042