

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90175 045 ***150.00

DOCUMENT # P94000092794

1. Corporation Name

GLENDAL HOLDINGS, INC.

Principal Place of Business

104 CRANDON BLVD
SUITE 406
KEY BISCAINE FL 33149
US

Mailing Address

535 HARDEE RD
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1994

4. FEI Number

65-0565233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1249 HARDEE Rd

Suite, Apt. #, etc.

22

City & State

23 Coral Gables, FL

Zip

24 33146

Country

25 Dade

2a. Mailing Address

26 1249 HARDEE Rd

Suite, Apt. #, etc.

27

City & State

28 Coral Gables

Zip

29 33146

Country

30 Dade

9. Name and Address of Current Registered Agent

AIXALA, ANGEL M
535 HARDEE ROAD
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

Aixala, Angel M

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

1249 HARDEE Rd.

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

4/30/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD
AIXALA, MICHAEL
535 HARDEE ROAD
CORAL GABLES FL 33146

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
AIXALA, ANGEL
535 HARDEE ROAD
CORAL GABLES FL 33146

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.1 TITLE

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY-ST-ZIP

2.1 TITLE

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aixala, Angel M 4/30/99

Date

Daytime Phone #

305-669-9042

CR2E034 (1/98)

0218656