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

DOCUMENT # P95000002245 (5)

GELTE	CH GROUP, INC.	000000			
Principal Plac	e of Business	Mailing Address	<u> </u>	- 1 14 DIVEDI 310 18181 BUILL BUILL BUILL BUILL BUILL BUILL	0110 11814 11011 01081 E181 1601
S45 WEST-SFTH BTREET- MIAMITBEACH TE S3140		545 WEST STTH STREET— MIAMI-BEACH PL-33140		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified 01/10/1995	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	ney L. Kober, Esq.	26 c/o Honey L.	Kober, Esq.	65-0544517	Not Applicable
46	rickell Ave., #500	Suite, Apt. #, etc. 777 Brickell	Ave., #500	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat Miami		City & State 28 Miami, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33131	Country 25 Miami-Dade	Zip 29 33131 3	Country Miami-Dade	This corporation owes or has paid the corporate Personal Property Tax due June 30.	urrent year Intangible Yes KNo
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
541	H ZER, DAVID 5-W-37TH-STREET- NNI-BEACH-FL-33140		82 Street Addre 777 B	ney L. Kober, Esq. ess (P.O. Box Number is Not Acceptable) rickell Avenue, Suite 501	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corporations by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	L 85 Zip Code 33131 of changing its registered
agent. I a	m familiar with, and account the obligat	Honou L.	da Statutes. Kober Est. Registered Agent signature require	2/9/9	78
12,	Signature, typed of printed name of registereo agent OFFICERS AND	, <u>.</u>	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	-	DELETE		P/S/D	Change Addition
NAME	HOLZER, RONA M		1.2 NAME	-, 5, 5	421
STREET ADDRESS	545 WEST 37TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP		
TITLE		DELETE		/T/D	XX Change Addition
NAME	HOLZER, DAVID		2.2 NAME	, 2, 5	
STREET ADDRESS	545 W. 37TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-SI-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
PTDEET ADDDCCC			10 OFFICE 10 OFFICE		

64 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or go an attachment with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

2/27/98

305-672-3233

Change

☐ Change

Addition

Addition

FILED

Mar 31 1998 8:00am

Secretary of State