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 # 1. Corporation Name P95000020094 (5)

GORBLAS INTERNATIONAL INC.

FILED Apr 13 1998 8:00am Secretary of State

GOMEDIO MILITARIO DE MASO											
Principal Place	e of Business	Mailing Address						- CONTRACT AND THE COLOR BANKS OF THE COLOR STATES AND SECULAR	I BBIII BFAFO IQI	!!! 	
1 SE 3RD AV C/O LESUE / MIAMI FL 331	ALL ROZENCWAIG	1 SE 3RD AVE. SUITE 960 C/O LESLIE ALL ROZENCWAIG MIAMI FL 33131						DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 03/13/1995			
2. Principal P	lace of Business	2a. Mailing Address						4. FEI Number	Ar	oplied For	
21		26						65-0602618	No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional equired	
City & State)	City & State						6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be	
Zip	Zip Country Zip			Country				8. This corporation owes or has paid the cul	rent year int	tangible	
24	25	29 • Bagistore	d Agent	30						No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Name											
ROZENCWAIG, LESLIE ALAN 1 SE 3RD AVE, SUITE 960 C/O LESLIE ALL ROZENCWAIG					82		Addres	ss (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131						<u> </u>					
					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 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.										is registered registered	
SIGNATURE										Ì	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re						nt signatura	required	d when reinstating) DATE			
12.	OFFICERS AND	DIRECTO		13.				ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PSTD DELETE			1.1 TITLE		<i>-</i> .	ORIAN HAUSMANN	Change	☐ Addition		
NAME HOUSMANN, FLORIAN			1.2 NA				74	S.E. 3rd AVE, Svite 960		Į.	
STREET ADDRESS 1 SE 3RD AVE, SUITE 960		5								{i	
CITY-ST-ZIP	MIAMI FL 33131				1.4 CITY-ST-ZIP		<u> </u>	i ami, Elorida 33131	Change	Addition	
TITLE			L. DECER						Creatige	Montion 1	
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREET ADDRESS						
TITLE	CITY-ST-ZIP				. 4 CITY-ST-ZIP				Change	Addition	
					3.2 NAME				C Ontaingo		
NAME STREET ADDRESS					3.3 STREET ADORESS					1	
CITY-ST-ZIP						T-ZIP					
TITLE			4.1 TI		11-21			Change	Addition		
NAME				4.21		- {				_	
STREET ADDRESS				435	TREET	ADDRESS					
CITY-ST-ZIP				4.4 City-St-ZiP							
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NAME				5.2 N					-		
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TITLE			DELETE	6.1 TI					Change	☐ Addition	
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STREET ADDRESS						ADDRESS				i	
CITY-ST-ZIP					6.4 CITY+ST-ZIP					1	
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I nereby 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.

SIGNATURE: