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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	OIVISION OF CORPORATIONS					
DOCU	MENT # P950 0	0025876 (0)				
- 1	GDALENO INVESTIGATION.	, INC.	•				
Principa! Plac	e of Business	Mailing Adoress			TOBULTA IN LAID BEIN BEIN OFF	BANK 08110 11001 04481 1914 HADID 0111 1004	
7101 S.W. 1 Miami Fl 3:	O2ND AVENUE 3173	7101 S.W. 102ND AVE MIAMI FL 33173	NUE				
					3. Date incorporated or Qualified 03/31/1995	3a. Date of Last Report	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 65 - 059	Applied For	
Suite, Apt.	# elc	Suite, Apt. #, etc.			65 059	Not Applicable	
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	Orty & State			6. Election Campaign Financing	\$5.00 мау Ве	
Zip	Country	28 Zip	Count	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees	
24	25	25 29 30		,	8. This corporation has liability or intangible tax under s 199.032, Florida Statutes		
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
OTEMA.	DT A ADECUBERA DA		8	1 Name			
	rt G. Greenberg, P.A. .W. 102ND Avenue	8:		2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	FL 33173			1			
	2 33 77 3		L.				
			8	1 City	85 Zip Code		
CICALATURE	Signature, typed or this led han ello' not abreed agost	and the imposemble and the imposemble and			pration submits this statement for the pure of directors. Thereby accept the appoint when revealing	DATE	
TITLE	D				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
NAMÉ	GREENBERG, STEWART G	Georgia -	1 1 TITLE 12 NAME				
STREE! ADDRESS	7101 S.W. 102ND AVENUE		1.3 STREE	EL ADDRESS			
CITY-ST-7IP	MIAMI FL 33173		1.4 CITY+ST-ZIP				
TITLE	P MACDALENO HIAN	DELFTE	2 1 TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS	MAGDALENO, JUAN 7101 S.W. 102ND AVENUE		2.2 NAME				
CITY - ST - ZIP	MIAMI FL 33173			LADDRESS			
TITLE		[] DOLETE	24 C:TY- 3 1 Tifus			Change Addition	
NAME			3.2 NAME			Change Addition	
STREET ADDRESS				LADDRESS			
City - St - ZIP			3 4 DITY-				
TITLE		☐ DEL€ IE	4 1 TIFLE			Change Addition	
NAME			4 2 NAME				
SPREET ADDRESS			1	: ADDRESS			
CHTY-SI-ZIP TITLE		☐ DELETE	44 CHY-ST ZiP				
NAME		□ otific	5) TITLE 52 NAME			Change Addition	
STREET ADDRESS				LADDRESS			
CITY-ST-ZIP			5.4 CITY -				
TITLE		☐ DELFIE	€ 1 TITLE	~		Change Addition	
NAME			6 2 NAME			/	
STREET ADDRESS			6.3 STREE	LADORESS.			

14. I do hereby certify that the information senting d 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 turn of 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 of director of the formation 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 Book 13 the change formation and attachment with an address.

6.4 CHTY+ST ZIP

6.3 STREET ADDRESS.

SIGNATURE:

CHTY-ST-7IP

PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

595-6791