

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000041546 (9)**

1. Corporation Name
CERTIFIED GELS CORP.



Principal Place of Business 545 W 37TH ST-- MIAMI BEACH FL 33140	Mailing Address 545 W 37TH ST-- MIAMI BEACH FL 33140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Honey L. Kober, Esq. Suite, Apt. #, etc. 22 777 Brickell Ave., #500 City & State 23 Miami, FL Zip 24 33121		2a. Mailing Address 26 c/o Honey L. Kober, Esq. Suite, Apt. #, etc. 27 777 Brickell Ave., #500 City & State 28 Miami, FL Zip 29 33131		3. Date Incorporated or Qualified 05/26/1995	
		4. FEI Number 65-0583209		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent -DAVID HOLZER- 545 W. 37TH STREET MIAMI BEACH FL 33140				10. Name and Address of New Registered Agent 81 Name Honey L. Kober, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue, Suite 500 83 84 City Miami, FL 85 Zip Code 33131			
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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 Honey L. Kober, Honey L. Kober, Esq. DATE 3/9/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPGT	<input type="checkbox"/> DELETE		1.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLZER, DAVID			1.2 NAME			
STREET ADDRESS	545 W 37TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP/S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLZER, RONA			2.2 NAME			
STREET ADDRESS	545 W. 37TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE:

David Holzer

2/27/98

305/672/3233

CP2E034 (10/97)