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

P95000074273 (0) DOCUMENT #

GDZ INVESTMENT ADVISORS, INC.

FILED May 22 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing A	ddress					e immelimme tilm (Arm) mittel matte Aditel i			49 1111 1891	
4121 LAGUNA STREET 4121 LAGUNA STREET							ı					
CORAL GABL	ES FL 33146	CORAL (CORAL GABLES FL 33146					DO NOT WRITE IN THIS SPACE				
							3.	, Date Incorporated or Qualified				
								09/26/1995				
2. Principal P	lace of Business	2a, Mailin	g Address				4.	. FEI Number		Ap	plied For	
21		26						65-0609538		No	t Applicable	
Suite, Apt.	#, etc	Suite,	Suite, Apt. #, etc.				5.	. Certificate of Status Desired		\$8.75 A	I	
22		27						#		Fee Re		
City & State	0	h	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Z ip	Country		Zip Country				-					
24	25	29	30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curr							Name and Address of New R		jent		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD					81	Name						
.343	3 AL MERIA AVENUE				82	Street Addre	ress (f	P.O. Box Number is Not Accepte	able)			
CO	RAL GABLES FL 33134				83	· · · · · · · · · · · · · · · · · · ·						
					84	City				85 Zip (Code	
						,			<u> </u>			
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 Standard: Track of a property have all horse-red agen, and stic Carpicalille. (NOTE Registered Agen) signature required when reinstative). OATE												
12,	Signature, typical or printed harmonition, stered a OFFI OFFIS A	agent and title Capplical ND DIRECTORS	ble (NOTE	Registere:	d Age	nt signalure require		ADDITIONS/CHANGES TO OFF	DATE ICERS AND I	DIRECTOR	S IN 12	
TITLE	PSTD	MIZINI OTOTIC	DELETE	1,1 10				NOBINO/IO/OFFICIALES TO GIV		Change	Addition	
NAME	ZARRAGA, GASTON DE		_	ME				_				
STREET ADDRESS	4121 LAGUNA STREET		1.3 \$		REE1	DDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CI			ST-ZIP						
TITLE			DELETE	2.1 TITLE						Change	Addition	
NAME			2.2 N		2.2 NAME							
STREET ADDRESS			2.3 S		2.3 STREET ADDRESS							
CITY-ST-ZIP					4 CITY - ST - ZIP							
TITLE			DELFTE	3.1 TI	TLE				I	Change	☐ Addition	
NAME				3.2 NA	ME							
STREET ADDRESS						ADDRESS						
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NAME				4. 2 N		202000						
STREET ADDRESS				•		ADDRESS						
CITY-ST-ZIP TITLE			DELETE	4.4 CI 5.1 TI		1.717			T	Change	Addition	
NAME				5.2 N/					•			
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				5.4 CI								
TITLE			DELETE	6.1 T/						Change	Addition	
NAME				6.2 N/	AME							
STREET ADDRESS				6.3 ST	REE1	ADDRESS						
CITY-ST-ZIP				6.4 CI	TY - S	1-ZIP						
	certify that the information supplied	with this filing do	es not qualify fo				Section	on 119.07(3)(i). Florida Statutes.	I further cert	ify that the	information	

Interest course and the information supplied with this fining does not quality for the exemption stated in section. The Or(3)(1), Florida Statutes, Information indicated on this armoal 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 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.

OE