SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094969 (9)

1. Corporation Name

GPFL, INC.

Principal Place of Business	Mailing Address
13403 WILLIAM MYERS COURT PALM BEACH GARDENS FL 33410	13403 WILLIAM MYERS COURT PALM BEACH GARDENS FL 33410

2. Principal Place of Business	2a. Mailing Address
21 4050 U.S. HWY 1	26 4050 U.S. HWY 1
Suite, Apt #, etc 22 307	Suite, Apt #, etc 27 307
City & State 23 JUPITER	City & State 28 JUPITER
Zip 24 33477 Country 25 PB	Zip 29 33477 County 30 PB

3. Date Incorporated or Qualified: 12/14/1995
3a. Date of Last Report: NEW
4. FEI Number: 65-0674728 — Applied For / Not Applicable — **$8.75** Additional Fee Required
5. Certificate of Status Desired ☐
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CIOFFI, JAMES A
250 TEQUESTA DRIVE
SUITE 200
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name: FRANK LAMARRA
82 Street Address (P.O. Box Number is Not Acceptable): 4050 U.S. HWY 1
83 STE 307
84 City: JUPITER FL 85 Zip Code: 33477

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: FRANK LAMARRA
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LAMARRA, FRANCO	
STREET ADDRESS	13403 WILLIAM MYERS COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V P	☐ Change ☒ Addition
1.2 NAME	EUSTACHIO GIANLUCA DISIMINE	
1.3 STREET ADDRESS	2590 LALIQUE CIR.	
1.4 CITY-ST-ZIP	PALM BEACH GDNS, FL. 33410	
2.1 TITLE	T. S.	☐ Change ☒ Addition
2.2 NAME	ARLENE J. MONTI	
2.3 STREET ADDRESS	13403 WILLIAM MEYER CT.	
2.4 CITY-ST-ZIP	PALM BEACH GDNS, FL. 33410	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

The information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I

14. I do hereby certify that the information supplied with 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] FRANK LA MARRA 7/20/96 (PRES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: (561) 627-5700

0086026 CP