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

P96000043003 (8)

GBS MIRACLE, INC.

Principal Place of Business

Mailing Address

FILED Apr 21 1998 8:00am Secretary of State

APR 1-1998/95014662990



1037-B N.W. THRID STREET HALLANDALE FL \$3009		1037-B N.W. THRID STREET HALLANDALE FL 33009					
					DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified 05/20/1996	SPACE	
9 Principal P	lace of Business	2a, Mailing Address			4. FEI Number		<i>i</i>
21	Idoo or Examinas	26			65-0688269	<u> </u>	pplied For ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					Additional
22 City & State		[27]		5. Certificate of Status Desired	Fee Re	equired	
		City & State			6. Election Campaign Financing \$5.00 May Be		
Zip Country		Z(p) Country			Trust Fund Contribution Added to Fees		
24	25	<u></u>	30		8, This corporation owes or has paid the cur Personal Property Tax due June 30.	— <i>1</i>	langible ☐ No
24]	g. Name and Address of Curre	29 ent Registered Agent	1301		10. Name and Address of New Registered Agent		
ഹ	PUDISS, MORTON R ESQ		81	Name			
	11 LINCOLN ROAD #325						
	AMI BEACH FL 33139		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIL	WII DENOTITE 33 138		83	 			****
			84	City	FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Horida State	tos the above	o named corr		I obangina i	te repistered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida 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: Signature, typist or pention name of registered agrees and are of applicable. (NOTE fregistered Agrees a greature required when reinstating). DATE ONTE							
12.	Signature, typist or pool of name of registerest at	VD DIRECTORS		ord signature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	OC 181 40
TITLE	5	DELETE	13. 1.1 TILE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	Bern, Kenneth		1.2 NAME				
STREET ADDRESS	1037-B NW 3RD ST		1.3 STREET	ADOBECC			
CITY-ST-ZIP	HALLANDALE FL 33009	,					j
TITLE	/	, DOLITE	1.4 CITY - 5 2.1 TITLE	01-71F		Change	Addition
NAME			2.2 NAME			☐ Onlinge	riddillon (
STREET ADDRESS			2.3 STREET	ADODECC			
CITY-ST-ZiP			2. 4 C(1Y-				
TITLE	····	DELETE	3.1 71111	31-211		Change	Addition
NAME		C	3.2 NAME			change	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CHY-				
TITLE		DELETE	4.1 TITLE	51. (11		Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			43 STREET	ADDRESS			
CITY-ST-ZIP			44 City - S	İ			
TITLE		DELETE	51 TILE	······································		Change	Addilion
NAME			5.2 NAME				
STREET ADDRESS			5 3 518[6]	ADDRESS			
CITY-ST-ZIP			5.4 CHY-S				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME		•	6.2 NAM				
STREET ADDRESS			6.3 \$1REE1	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				Į
14. I hereby c	erlify that the information supplied v	with this filing does not qualify	for the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the	information
indicated on this argued report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.							

K. BERN