FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name P97000044000 (2)

GLAMILLA'S CORPORATION

FILED May 12 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		
2440 CORAL		2440 CORAL WAY		
MIAMI FL 33145		MIAMI FL. 33145		
9.5				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 05/19/1997
2. Principal Pl	ace of Business	2a. Maring Address	. 1	4. FEI Number Applied For
21 3 5	W Coral way	26 /219 5 5	W 101 ST	65-6782820 Not Applica
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	5 Cortificate of Status Desired \$8.75 Additional
22 B4		27		Fee Required
Citý & State		City & State	FL	6. Election Campaign Financing \$5.00 May Be
23 M ; A Zip	Country	28 MiAMI	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24 33	140 25 00 00		30 Dade	Personal Property Tax due June 30.
	9. Name and Audress of Curre			10. Name and Address of New Registered Agent
PIN	IO, RAUL F ESO.		81 Name	anuel Labady
244	40 CORAL WAY			ddress (P.O. Box Number is Not Acceptable)
MIA	AMI FL 33145		12	195 SW 101 ST
			83	
			84 City	85 Zip Code
<u> </u>	007.60	00 1002 4700 Ft 14. OLIV	I Mi	A Mi FL 33/86
17. Pursuant t	to the provisions of Sections 607.05 egi ste red agent, or both, in the Stat	02 and 607 1508, Florida Statule e of Florida. Such change was at	s, the above-named c uthorized by the corpo	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered
agent. Lar	m tamiliar with, and accept the obli	D .// .		$1 \times 1 = 1 \times 1 \times 10^{-10} = 10^{-10}$
SIGNATURE	Signature type-Let protect rates of registre Lin	record / MANA	Per LABAD	in ired when reinstating) vice President Date
12.		VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE	<u></u> Change ☐ Addi
NAME	GONCALVES, OLAVO		1.2 NAME	12195 SW 101 St
STREET ADDRESS	2440 CORAL WAY		1.3 STREET ADDRESS	
CHY-ST-ZIP	MIAMI FL 33145		1.4 CITY-ST-ZIP	Mi4mi FL 33186
TITLE	SVD	[_] DELETE	2.1 TITLE	Change
NAME	LABADY, MANUEL 2440 CORAL WAY		2.2 NAME	12195 SW 101 St
STREET ADDRESS	MIAMI FL 33145		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	MINIMI I C 00 140	DELETE	2. 4 CITY - \$1 - ZIP 3.1 TITLE	MIAMI FL 331Y6
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. C(1Y - S1 - Z(P	
TITLE		DELETE	4.1 TiTLE	Change Addi
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 C(1Y-ST-Z(P	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE	☐ Change ☐ Addi
NAME			5.2 NAME	J.S.
STREET ADDRESS			5.3 STREET ADDRESS	K.O
CITY-ST-ZIP		DELETE	54 CHY-ST-7IP	Change Addi
TITLE		∐ DELETE	6.1 TITLE	Change Adds
NAME			6.2 NAME 6.3 STREET ADDRESS	
STREET ADORESS				DEP. \$150,00
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify for	6.4 CITY-ST-ZIP r the exemption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informati
indicated	on this annual report or supplement	ital armual report is true and accu	urate and that my sign	nature shall have the same legal effect as if made undor oath; that I am ar required by Chapter 607, Florida Statutes; and that my name appears in
Block 12	or Blo ck 13 if changed, or on an all	achment with an address.	iveente tille tehott ga l	required by enaptor our province oracided, and making name appears in