

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000075370 (1)

1. Corporation Name
GLASGOW BUSINESS SERVICES INC.



Principal Place of Business
800 DOUGLAS RD. STE 351
CORAL GABLES FL 33134

Mailing Address
800 DOUGLAS RD. STE 351
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

65-0779250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 1581 BRICKELL
Suite, Apt. #, etc.

2a. Mailing Address

26 1581 BRICKELL AVENUE
Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

24 Zip

25 Country

29 Zip

30 Country

33129

USA

9. Name and Address of Current Registered Agent

CABEZA, MANUEL E
800 DOUGLAS RD, STE 351
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

CABEZA, MANUEL E

82 Street Address (P.O. Box Number is Not Acceptable)

338 MINORCA AVE.

83

84 City

CORAL GABLES

FL

85

Zip Code

33134

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

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 PD ☐ DELETE

NAME DE MELO, ROMILDO T
STREET ADDRESS 1581 BRICKELL AVE, UNIT 505
CITY-ST-ZIP MIAMI FL 33129

TITLE TO ☐ DELETE

NAME FIGUEIREDO, AFRA SUZANA
STREET ADDRESS 1581 BRICKELL AVE, UNIT 505
CITY-ST-ZIP MIAMI FL 33129

TITLE VSD ☐ DELETE

NAME DE MELO, PAULO HENRIQUE T
STREET ADDRESS 1581 BRICKELL AVE, UNIT 505
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: PAULO HENRIQUE TAVARES DE MELO VICE-PRESIDENT 3/9/98 305-416-6668

CR2E034 (5/98)