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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90153 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000051948**

1. Corporation Name  
**GLAD ADVERTISING INC.**



Principal Place of Business  
8249 N.W. 36TH STREET  
SUITE 209-A  
MIAMI FL 33136

Mailing Address  
8249 N.W. 36TH STREET  
SUITE 209-A  
MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 *12645 SW 91 STREET*

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

25 *PAOB*

29

Country

30

3. Date Incorporated or Qualified

*06/10/1998*

4. FEI Number

*65-0864176*

Applied For  
No: 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 the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARBOZA, RICARDO  
8249 N.W. 36TH STREET  
SUITE 209-A  
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name

*GLADYS GUZMAN*

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

*12645 SW 91 STREET, APT 101*

83

84 City

*MIAMI*

FL

85 Zip Code  
*33186*

11. Pursuant to the provisions of Sections 607.0102 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]*

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*3/12/99*

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS GUZMAN, GLADYS  
8249 N.W. 36TH STREET  
CITY-STATE-ZIP MIAMI FL 33136

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS GUZMAN, PEDRO H  
8249 N.W. 36TH STREET  
CITY-STATE-ZIP MIAMI FL 33136

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME PD  
1.3 STREET ADDRESS GUZMAN, GLADYS  
1.4 CITY-STATE-ZIP 12645 SW 91 STREET, APT 101  
*MIAMI, FL 33186*

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME SD  
2.3 STREET ADDRESS GUZMAN, PEDRO H  
2.4 CITY-STATE-ZIP 12645 SW 91 STREET, APT 101  
*MIAMI, FL 33186*

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

*[Signature]*

*3/12/99*

*305-274-201*

Date Daytime Phone #