

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S56774** (0)
1. Corporation Name
GLY, INC.



Principal Place of Business: **230 W. SAN MARINO DRIVE MIAMI BEACH FL 33139-1149**
Mailing Address: **230 W. SAN MARINO DRIVE MIAMI BEACH FL 33139-1149**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/03/1991	3a. Date of Last Report 02/14/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 65-0261415	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip Country	29. Zip Country	8. This corporation has liability or intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOMEZ, MIRIAM 230 WL SAN MARINO DR. MIAMI BEACH FL	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D MEDERO, LUIS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	230 W. SAN MARINO DR.	1.2 NAME	
3. STREET ADDRESS	MIAMI BEACH FL	1.3 STREET ADDRESS	
4. CITY - ST - ZIP	D GOMEZ, MIRIAM <input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	230 W. SAN MARINO DR.	2.1 TITLE	
6. STREET ADDRESS	MIAMI BEACH FL	2.2 NAME	
7. CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. NAME	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STREET ADDRESS	<input type="checkbox"/> DELETE	3.1 TITLE	
10. CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
11. NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. STREET ADDRESS	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	
14. NAME	<input type="checkbox"/> DELETE	4.2 NAME	
15. STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	
18. STREET ADDRESS	<input type="checkbox"/> DELETE	5.2 NAME	
19. CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. NAME	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. STREET ADDRESS	<input type="checkbox"/> DELETE	6.1 TITLE	
22. CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that 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 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 of this report & on an attachment with an address.

SIGNATURE: *[Signature]* Date: **1/17/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **374-3933**
Daytime Phone #

CR2E034 (12/95)