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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:05

DOCUMENT # **V40841** **(1)**

1. Corporation Name
GOTTLIEB MICHAEL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1170 3 ST SOUTH E-104 NAPLES FL 33940 US	~~1170 3 ST SOUTH E-104~~ ~~E-104~~ ~~NAPLES FL 33940~~ US

3. Date Incorporated or Qualified: **06/03/1992**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business (21)	2a. Mailing Address (26)
	P. O. Box 6467
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28) Jackson, Wy.
Zip (24) / Country (25)	Zip (29) 83001 / Country (30) U.S.

4. FEI Number: **65-0339000** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ISZLER, JAMES WM. ~~7230 N.W. 32ND STREET~~ ~~MIAMI FL 33122~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) Doral West Park 83 10422 N.W. 31st Terrace #18 84 City Miami FL 85 Zip Code 33172

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 Shirley Iszler (Shirley Iszler) 4-4-95
Signature (type or print name of registered agent and title if applicable) (SITE: Registered Agent Signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ISZLER, NORLYN C.	12 NAME	
STREET ADDRESS	175-19TH ST SW	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	ISZLER, SHIRLEY	22 NAME	
STREET ADDRESS	175-19TH ST SW	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	ISZLER, JAMES WM.	32 NAME	
STREET ADDRESS	10422 NW TERRACE #18	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	URIBE, ENRIQUE	42 NAME	
STREET ADDRESS	CRA 43A, NO 31-183	43 STREET ADDRESS	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	URIBE, CAMILO	52 NAME	
STREET ADDRESS	CRA 43A, NO 31-183	53 STREET ADDRESS	
CITY ST ZIP	MEDELLIN, COLOMBIA	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Shirley Iszler 4-4-95 813-643-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #