


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V40841 (1) 1. Corporation Name GOTTLIEB MICHAEL, INC.			
Principal Place of Business 1170 3 ST SOUTH E-104 NAPLES FL 33940 US		Mailing Address P. O. BOX 6467 JACKSON WY 83002-6467 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent ISZLER, JAMES WM. DORAL WEST PARK 10422 NW 31ST TERRACE #18 MIAMI FL 33172		10. Name and Address of New Registered Agent 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	DELETE	
NAME	ISZLER, NORLYN C.		
STREET ADDRESS	175-19TH ST SW		
CITY-ST-ZIP	NAPLES FL		
TITLE	SD	DELETE	
NAME	ISZLER, SHIRLEY		
STREET ADDRESS	175-19TH ST SW		
CITY-ST-ZIP	NAPLES FL		
TITLE	TD	DELETE	
NAME	ISZLER, JAMES WM.		
STREET ADDRESS	10422 NW TERRACE #18		
CITY-ST-ZIP	MIAMI FL		
TITLE	D	DELETE	
NAME	URIBE, ENRIQUE		
STREET ADDRESS	CRA 43A, NO 31-183		
CITY-ST-ZIP	MEDELLIN, COLOMBIA		
TITLE	D	DELETE	
NAME	URIBE, CAMILO		
STREET ADDRESS	CRA 43A, NO 31-183		
CITY-ST-ZIP	MEDELLIN, COLOMBIA		
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 do 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: _____ SIGNATURE REQUIRED Shirley Iszler 4/18/97 302-739-9400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)