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

CITY-ST-ZIP

SIGNATURE:

Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V40841 GOTTLIEB MICHAEL, INC. Principal Place of Business Mailing Address 1170 3 ST SOUTH P. O. BOX 6487 JACKSON WY 83001 E-104 NAPLES FL 33940 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/03/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0339000 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent ISZLER, JAMES WM. 81 Name DORAL WEST PARK 82 Street Address (P.O. Box Number is Not Acceptable) 10422 NW 31ST TERRACE #18 **MIAMI FL 33172** 83 City Zip Code 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TIFLE Change Addition ISZLER, NORLYN C. NAME 1.2 NAME CRZE034 175-19TH ST SW STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE ISZLER, SHIRLEY NAME 2.2 NAME 175-19TH ST SW STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition ISZLER, JAMES WM. NAME 3.2 NAME 10422 NW TERRACE #18 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE Change Addition 41 TITLE URIBE, ENRIQUE NAME 4 2 NAME CRA 43A, NO 31-183 STREET ADDRESS 4.3 STREET ADDRESS MEDELLIN, COLOMBIA CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition URIBE, CAMILO NAME 5.2 NAME CRA 43A, NO 31-183 STREET ADDRESS **5.3 STREET ADDRESS** MEDELLIN, COLOMBIA CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 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.

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