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Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V73100 (2)

1. Corporation Name
GABRIEL CORP. OF BOCA

[redacted]

Principal Place of Business	Mailing Address
8903 W. GLADES RD. SUITE L10 BOCA RATON FL 33433	8903 W. GLADES RD. SUITE L10 BOCA RATON FL 33434-4074

3. Date Incorporated or Qualified: 10/21/1992
3a. Date of Last Report: APRIL, 1997

21. Principal Place of Business
26. Mailing Address: 8903 W GLADES RD
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.: SUITE L10
23. City & State
28. City & State: BOCA RATON FL
24. Zip
25. Country
29. Zip: 33433
30. Country: USA

4. FEI Number: 65-0370611
Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 Must 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
KORVAL, JOSEPH
8903 W. GLADES RD.
SUITE L10
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
91 Name: CATHERINE GOLDSTEIN
92 Street Address (P.O. Box Number is Not Acceptable): 8903 W. GLADES RD.
93: SUITE L10
94 City: BOCA RATON FL 95 Zip Code: 33433

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 [signature] CATHERINE GOLDSTEIN 4-8-98
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST KROVAL, JOSEPH 8903 W. GLADES RD., SUITE L-10 BOCA RATON FL 33433 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PST GOLDSTEIN, CATHERINE 8903 WEST GLADES ROAD SUITE L10 BOCA RATON FL 33433 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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] CATHERINE GOLDSTEIN 561-852-7767