

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

FILED
Jun 24 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 # **641308** (2)
 1. Corporation Name
IL GARDINO CORP



Principal Place of Business: **17 WESTWARD DRIVE MIAMI SPRINGS FL 33166-5255**
 Mailing Address: **17 WESTWARD DRIVE MIAMI SPRINGS, FL 33166-5255**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **9/27/1979**
 4. FEI Number: **59-13,8916**
 6. Certificate of Status Desired: **\$8.75 Addit Fee Requir**
 8. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Added to Fe**
 8. This corporation owes or has paid the current year Intangit Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country 25. Country 26. Mailing Address 27. Suite, Apt. #, etc. 28. City & State 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
 81 Name: **BARON B B BARINAS**
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 **5701 NW 364 ST**
 84 City: **VIRGINIA GARDENS** FL 85 Zip Code: **33166**

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 reg 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 regt agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **[Signature]** (NOTE: Registered Agent signature required when installing) DATE: **6/17/98**

12. OFFICERS AND DIRECTORS
 1.1 TITLE: DELETE
 1.2 NAME: **P. AFFRONTI, CYNTHIA**
 1.3 STREET ADDRESS: **6711 NW 3311 TRAIL**
 1.4 CITY, ST, ZIP: **VIRGINIA GARDENS, FL 33166**
 2.1 TITLE: DELETE
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY, ST, ZIP:
 3.1 TITLE: DELETE
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY, ST, ZIP:
 4.1 TITLE: DELETE
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY, ST, ZIP:
 5.1 TITLE: DELETE
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY, ST, ZIP:
 6.1 TITLE: DELETE
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
 1.1 TITLE: Change
 1.2 NAME: **P. MURPHY ANNE**
 1.3 STREET ADDRESS: **17 WESTWARD DRIVE**
 1.4 CITY, ST, ZIP: **MIAMI SPRINGS FL 33166-5255**
 2.1 TITLE: Change
 2.2 NAME: **T.S. MURPHY JAMES J.**
 2.3 STREET ADDRESS: **380 FALCON AVE**
 2.4 CITY, ST, ZIP: **MIAMI SPRINGS, FL 33166-5255**
 3.1 TITLE: Change
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY, ST, ZIP:
 4.1 TITLE: Change
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY, ST, ZIP:
 5.1 TITLE: Change
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY, ST, ZIP:
 6.1 TITLE: Change
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY, ST, ZIP:

[Signature]

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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 info 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 a 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 appear Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** Sec Fee: **41168 (305) 815-5435**