

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

94 JUN 28 PH 3: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

DOCUMENT # **P93000009481 (1)**

1. Corporation Name  
**GILLY'S INTERNATIONAL, INC.**

Mailing Address: **6272 N.W. 24TH STREET BOCA RATON FL 33434**  
 Highway  
**Boca Raton, FL 33487**

Principal Place of Business: **6272 N.W. 24TH STREET BOCA RATON FL 33434**  
 Highway  
**Boca Raton, FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/27/1993</b>		3a. Date of Last Report	
4. FEI Number <b>65-0387621</b>		Applied For Not Applicable	
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		8. This corporation has liability for estate tax under 1970 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. Mailing Address <b>6070 North Federal Highway</b>	22. Suite, Apt. #, etc. <b>Highway</b>	23. City & State <b>BOCA RATON, FL</b>	24. Zip <b>33487</b>
25. Country <b>USA</b>	26. Principal Place of Business <b>6070 North Federal Highway</b>	27. Suite, Apt. #, etc. <b>Highway</b>	28. City & State <b>BOCA RATON, FL</b>
29. Zip <b>33487</b>	30. Country <b>USA</b>	8. This corporation has liability for estate tax under 1970 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If above addresses are incorrect in any way, file through incorrect information and enter correction below

9. Name and Address of Current Registered Agent <b>SUKKAR ELISA M 2630 S.W. 27TH AVENUE WIND FLOOR MIAMI FL 33133</b>		10. Name and Address of New Registered Agent	
81. Name <b>BEGGS &amp; VECCHIO</b>		82. Street Address (P.O. Box Number is Not Acceptable) <b>2929 East Commercial Blvd</b>	
83. City <b>Fort Lauderdale</b>		84. State <b>FL</b>	
85. Zip Code <b>33380</b>		86. Telephone Number	

11. Pursuant to the provisions of Sections 607.0907 and 607.1508 or Sections 617.0907 and 617.1508, Florida Statutes, the above named corporation hereby certifies that the information furnished on this annual report is true and correct and that it is a corporation organized under the laws of the State of Florida. I, the undersigned, am the registered agent of the corporation and accept the obligations of Section 607.0908 or 617.0908, Florida Statutes.

SIGNATURE: *Joseph A. Vecchio* Date: **9/06/94**

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS	
11. TITLE <b>P/D</b>	12. NAME <b>GILLY JEAN-JACQUES</b>	11. TITLE	12. NAME
13. STREET ADDRESS <b>6272 N.W. 24TH ST. BOCA RATON FL 33434</b>	14. CITY, ST, ZIP	13. STREET ADDRESS	14. CITY, ST, ZIP
21. TITLE <b>V/D</b>	22. NAME <b>GILLY JOSIANE</b>	21. TITLE	22. NAME
23. STREET ADDRESS <b>6272 N.W. 24TH ST. BOCA RATON FL 33434</b>	24. CITY, ST, ZIP	23. STREET ADDRESS	24. CITY, ST, ZIP
31. TITLE <b>Secretary</b>	32. NAME <b>ASHWIN PATEL</b>	31. TITLE	32. NAME
33. STREET ADDRESS <b>6104 N.W. 24TH STREET BOCA RATON, FL 33434</b>	34. CITY, ST, ZIP	33. STREET ADDRESS	34. CITY, ST, ZIP
41. TITLE	42. NAME	41. TITLE	42. NAME
43. STREET ADDRESS	44. CITY, ST, ZIP	43. STREET ADDRESS	44. CITY, ST, ZIP
51. TITLE	52. NAME	51. TITLE	52. NAME
53. STREET ADDRESS	54. CITY, ST, ZIP	53. STREET ADDRESS	54. CITY, ST, ZIP
61. TITLE	62. NAME	61. TITLE	62. NAME
63. STREET ADDRESS	64. CITY, ST, ZIP	63. STREET ADDRESS	64. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in section 607.0907 or 617.0907. I further certify that the information indicated on this annual report is true and correct and that it is a corporation organized under the laws of the State of Florida. I, the undersigned, am the registered agent of the corporation and accept the obligations of Section 607.0908 or 617.0908, Florida Statutes.

SIGNATURE: *Ashwin Patel* Date: **9/20/94**  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR