


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

FILED  
Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000030031 (5)</b>			
1. Corporation Name <b>GAMMA DELTA CORP.</b>			
Principal Place of Business <b>115 SE 2ND ST. 2ND FLOOR MIAMI FL 33131</b>		Mailing Address <b>PO BOX 110239 MIAMI FL 33111-0239</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DEMOS, ANGELO P 115 SE 2ND ST. 2ND FLOOR MIAMI FL 33131</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	<b>TZORTZAKIS, MARIA</b>	1.2 NAME	
STREET ADDRESS	<b>115 SE 2ND ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	
NAME	<b>TZORTZAKIS, NIKOS</b>	2.2 NAME	
STREET ADDRESS	<b>115 SE 2ND ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	2.4 CITY - ST - ZIP	
TITLE	DPAS	3.1 TITLE	
NAME	<b>CONSTANTINO, TEODORO</b>	3.2 NAME	
STREET ADDRESS	<b>115 SE 2ND ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	3.4 CITY - ST - ZIP	
TITLE	DVAS	4.1 TITLE	
NAME	<b>CONSTANTINO, ALICIA</b>	4.2 NAME	
STREET ADDRESS	<b>115 SE 2ND ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	
NAME	<b>CONSTANTINO, PANAYOTIS</b>	5.2 NAME	
STREET ADDRESS	<b>115 SE 2ND ST.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	
NAME	<b>GOVANTES, CARLOS</b>	6.2 NAME	
STREET ADDRESS	<b>115 SE 2ND ST.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	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. <b>TEODORO CONSTANTINO</b>			
SIGNATURE: _____		Date: <b>3-26-97</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)