FILE NOW: FILING FEE AFTER MAY 1ST IS $5[redacted].00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT[redacted] STATE
Sandra B. Mort[redacted]
Secretary of St[redacted]
DIVISION OF CORPO[redacted]ONS

FILED
Jan 26 1998 8:00am
Secretary of State

DOCUMENT # P95000030031 (5)

1. Corporation Name
GAMMA DELTA CORP.

Principal Place of Business	Mailing Address
115 SE 2ND ST. 2ND FLOOR MIAMI FL 33131	PO BOX 110239 MIAMI FL 33131-0239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1995

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

4. FEI Number: 65-0602754 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEMOS, ANGELO P
115 SE 2ND ST.
2ND FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TZORTZAKIS, MARIA		1.2 NAME		
STREET ADDRESS	115 SE 2ND ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TZORTZAKIS, NIKOS		2.2 NAME		
STREET ADDRESS	115 SE 2ND ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP		
TITLE	DPAS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONSTANTINO, TEODORO		3.2 NAME		
STREET ADDRESS	115 SE 2ND ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP		
TITLE	DVAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONSTANTINO, ALICIA		4.2 NAME		
STREET ADDRESS	115 SE 2ND ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CONSTANTINO, PANAYOTIS		5.2 NAME		
STREET ADDRESS	115 SE 2ND ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GOVANTES, CARLOS		6.2 NAME		
STREET ADDRESS	115 SE 2ND ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		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.

SIGNATURE: [redacted]

CR2E034 (10/97)