


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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90180 017 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844220

1. Corporation Name

GIL LEASEHOLDS LIMITED CO.

Principal Place of Business  
185 BRIDGELAND AVENUE  
TORONTO, ONTARIO M6A 1Y7  
CANADA

Mailing Address  
185 BRIDGELAND AVENUE  
TORONTO, ONTARIO M6A 1Y7  
CANADA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/25/1979

4. FEI Number

98-0081905

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 75 HAIST AVE.

Suite, Apt. #, etc.

22 City & State

23 WOODBRIDGE ONTARIO

Zip

24 L4L 5V5

Country

25 CANADA

2a. Mailing Address

26 75 HAIST AVE.

Suite, Apt. #, etc.

27 City & State

28 WOODBRIDGE ONTARIO

Zip

29 L4L 5V5

Country

30 CANADA

9. Name and Address of Current Registered Agent

KIJTUN, BARRY, ATTY.  
3550 BISCAYNE BOULEVARD  
MIAMI FL 33137

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 607.050(2) 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BASEN, GWYNNE	
STREET ADDRESS	185 BRIDGELAND AVE. 75 HAIST AVE.	
CITY-ST-ZIP	DOWNSVIEW, ONT., CAN. WOODBRIDGE ONT.	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BASEN, LEILA	
STREET ADDRESS	185 BRIDGELAND AVE. 75 HAIST AVE.	
CITY-ST-ZIP	DOWNSVIEW, ONT., CAN. WOODBRIDGE ONT.	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BASEN, IRA	
STREET ADDRESS	185 BRIDGELAND AVE. 75 HAIST AVE.	
CITY-ST-ZIP	DOWNSVIEW, ONT., CAN. WOODBRIDGE ONT.	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.073(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, with a different like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAY 1 1999 (416) 205-6151

CR2E034 (11/98)