

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

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**97 APR 30 PM 1:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 312955 (8)**  
1. Corporation Name  
**GILDA INDUSTRIES, INC.**



Principal Place of Business: **2300 CORAL WAY MIAMI FL 33145**  
Mailing Address: **2300 CORAL WAY MIAMI FL 33145-3511**

3. Date Incorporated or Qualified: **01/23/1967**  
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **21 2300 CORAL WAY # 200 MIAMI FLORIDA 33145 US**  
2a. Mailing Address: **26 2300 CORAL WAY # 200 MIAMI FLORIDA 33145 US**

4. FEI Number: **59-1163789**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

g. Name and Address of Current Registered Agent:  
**FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY #200 MIAMI FL 33145**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **300002163393--5**  
83 City, State, Zip: **-05/02/97--01074--001 \*\*\*165.00 \*\*\*165.00 FL 85**

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 of 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 provisions of Section 607.0505, Florida Statutes.  
SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PRES** DATE: **4/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>BLAZQUEZ, ANTONIO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>P/O BLAZQUEZ ANTONIO JR.</b>
STREET ADDRESS	<b>3300 SW 109TH AVENUE</b>	1.3 STREET ADDRESS	<b>3300 S.W. 109TH.AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI FLORIDA.</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAZQUEZ, ANTONIO JR.</b>	2.2 NAME	<b>D/ BLAZQUEZ ANTONIO JR.</b>
STREET ADDRESS	<b>3300 SW 109TH AVENUE</b>	2.3 STREET ADDRESS	<b>3300 S.W. 109TH.AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI FLORIDA.</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAZQUEZ, JUAN</b>	3.2 NAME	<b>S/D. JUAN BLAZQUEZ</b>
STREET ADDRESS	<b>3300 SW 109TH AVENUE</b>	3.3 STREET ADDRESS	<b>3300 S.W. 109TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI FLORIDA</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAZQUEZ, CARMEN DE BUS</b>	4.2 NAME	<b>TOBARRA N.V.</b>
STREET ADDRESS	<b>3300 SW 109TH AVENUE</b>	4.3 STREET ADDRESS	<b>C/O BLAZQUEZ CARMEN DE BUS</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>3300 S.W. 109TH AVENUE</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* **SECRETARY** DATE: **4/23/97** Daytime Phone #

CR2E034 (9/96)