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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**

2a. Mailing Address
26. **2300 CORAL WAY**

4. FEI Number
59-1163789

Applied For
 Applied For
 Not Applicable

Suite, Apt. #, etc.
22. **# 200**

Suite, Apt. #, etc.
27. **# 200**

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

City & State
23. **MIAMI FLORIDA**

City & State
28. **MIAMI FLORIDA**

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

Zip Country
24. **33145 US**

Zip Country
29. **33145 US**

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 **-05/02/97--01074--001**

84 City **MIAMI** FL 85 Zip Code **33145**

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**

Signature typed or printed of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLAZQUEZ, ANTONIO	
STREET ADDRESS	3300 SW 109TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLAZQUEZ, ANTONIO JR.	
STREET ADDRESS	3300 SW 109TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLAZQUEZ, JUAN	
STREET ADDRESS	3300 SW 109TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAZQUEZ, CARMEN DE BUS	
STREET ADDRESS	3300 SW 109TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
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	P/O BLAZQUEZ ANTONIO JR.
1.3 STREET ADDRESS	3300 S.W. 109TH AVENUE
1.4 CITY-ST-ZIP	MIAMI FLORIDA.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/ BLAZQUEZ ANTONIO JR.
2.3 STREET ADDRESS	3300 S.W. 109TH AVENUE
2.4 CITY-ST-ZIP	MIAMI FLORIDA.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/D. JUAN BLAZQUEZ
3.3 STREET ADDRESS	3300 S.W. 109TH AVENUE
3.4 CITY-ST-ZIP	MIAMI FLORIDA
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TOBARRA N.V.
4.3 STREET ADDRESS	C/O BLAZQUEZ CARMEN DE BUS
4.4 CITY-ST-ZIP	3300 S.W. 109TH AVENUE
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 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 #

Signature typed or printed of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)