

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 617324 (9)

1. Corporation Name
GIL-RON, INC.



Principal Place of Business Mailing Address
36 N.E. 1ST STREET SUITE 920, SEYBOLD BLDG. MIAMI FL 33132

3. Date Incorporated or Qualified 04/12/1979	3a. Date of Last Report 04/04/1995
4. FEI Number 59-1913347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

ALLISON, JOHN R., III
111 N.E. 1ST STREET
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME: PD LANDAU, ISRAEL M. <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 36 N.E. 1ST STREET	1.2 NAME
CITY-ST-ZIP: MIAMI FL	1.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2.2 NAME
CITY-ST-ZIP	2.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3.2 NAME
CITY-ST-ZIP	3.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4.2 NAME
CITY-ST-ZIP	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5.2 NAME
CITY-ST-ZIP	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6.2 NAME
CITY-ST-ZIP	6.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Israel M. Landau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)