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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 617324

GIL-RON, INC.

FILED							
Feb 15, 1999 8:00am	Ì						
Secretary of State							

02-15-1999 90014 050 ***150.00



Principal Plac	e of Business	Mailing Address				OTALI OLBII OLOI	DIRII BIAII IAAI		
i i		-							
36 N.E. 1ST STREET 36 N.E. 1ST STREET 223 223									
MIAMI FL 3313	12	DO NOT WRITE IN THIS SPACE							
US					3. Date Incorporated or Qualifed				
		•			04/12/1979				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For	1	
21		26			59-1913347	- N	ot Applicable] :	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional	1	
22	,	27			5. Certificate of Status Desired	Fee R	equired	1	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution	·Added	to Fees	1	
Žip	Country	Zîp	$\overline{}$	ıntry	8. This corporation owes the current year In		_		
24	25	29	30	·	Personal Property Tax.	☐ Yes	□No	_	
	9. Name and Address of Curr	ent Registered Agent		04 14	10. Name and Address of New Registered	Agent		4	
ALLI	SON, JOHN R., III			81 Name				ĺ	
	N.E. 1ST STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)			1	
						<u>.</u> 	*****	1	
MIM	VI FL 33132			83	्रां ने ने किया है कि है कि				
				84 City	A 7 P P P P P P P P P P P P P P P P P P	85 Zip	Code	1	
				- -	· Fl	_ 55	0000		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the a	bove-named corp	poration submits this statement for the purpose of	changing its	registered	1	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Stat	utes.	on's board of directors. I hereby accept the appo	intment as re	sgistered		
SIGNATURE									
OIOIO (TOTAL	Signature, typed or printed name of registered a		Registered	Agent signature require	d when reinstating) DATE	**		ءَ ا	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A] §	
TITLE	PD	☐ DELETE	1.1 TI	TLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	1 3	
NAME	LANDAU, ISRAEL M.		1.2 N	NME .				5	
STREET ADDRESS	36 N.E. 1ST STREET		1.3 \$1	REET ADDRESS		. '		ដ	
C/TY-ST-Z/P	MIAMI FL		1.4 CI	TY-ST-ZIP] &	
TITLE	S	☐ DELETE	2.1 TT	TLE		☐ Change	☐ Addition	۱۲	
NAME	LANDAU, YAGIL		2.2 N	WE.	1				
STREET ADDRESS	36 NE 1ST ST #223		2.3 ST	REET ADDRESS	,				
CITY-ST-ZIP	MIAMI FL 33132		2.4 C	TY-ST-ZIP	\mathcal{L}			1	
TITLE	T.	☐ DELETE	3.1 TI	n.e	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	1	
NAME	LANDAU, YARON		3.2 N	ME		,			
STREET ADDRESS	36 NE 1ST ST #223		3.3 \$7	REET ADDRESS			The State of State	1	
CITY-ST-ZIP	MIAMI FL 33132		3.4. C	TY-ST-ZIP				İ	
TITLE		☐ DELETE	4.1 TT	TLE .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. Change	Addition	1	
NAME			4. 2 N	AME				ł	
STREET ADDRESS			4.3 ST	REET ADDRESS				1	
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP				-	
TITLE		☐ DELETE	5.1 TII			☐ Change	☐ Addition		
NAME			5.2 NA			_ ·	_	l	
STREET ADDRESS			5.3 ST	REET ADDRESS	•				
CITY-ST-ZIP			5.4 Cf	TY-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	6.1 TIT			Change	Addition		
NAME			6.2 NA	ME	-				
STREET ADDRESS			6.3 ST	REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
4- 4-1			🔳 🥨	1	the state of the s			1	

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, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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