SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 674315 GILLEX, INC. Principal Place of Business Mailing Address 14231 S.W. 62 ST. 14231 S.W. 62 ST. MIAMI FL 33183 MIAMI FL 33183 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1980 11/30/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2028798 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country  $Z_{10}$ Country 8. This corporation has liability for intangible tax under s. 199 032 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GILL. ROBERTO V. 14231 S.W. 62ND STREET Street Andress (P.O. Box Number is Not Acceptable) MIAM! FL 33183 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (fix HE - Regional of Agent signature required when remailating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (3/8)TITLE DELETE 1.11000 Change Addition NAME GILL. ROBERTO V. 1.2 NAME CR2E034 14231 S.W. 62ND ST. STREET ADDRESS 13 STREET ADORESS MIAMI FL CITY-ST-ZIP 1.4 CHY - ST - ZIP TITLE DELETE 2.1 THE Change Addition NAME GILL. CLARINDA 2.2 NAME 14231 S.W. 62ND ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY - ST - ZiP 2 4 CITY - ST- ZIP TITLE DELETE 3.1 TiTLE Change Add tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST ZIP THUE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS OTY - \$1 - 7P 5.4 CITY - ST - ZIP TITLE DELETE 6 ' TIFLE Change Addition NAME 62 NAME STREET ADORESS 6 3 STREET ADDRESS CITY - ST - 2IF 6.4 CITY - ST - ZIP 14. To 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 617, Florida Statutes, and that my name appears in Block 12 or Bloc 13 if changed or on an attachment with an address SIGNATURE: