


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90180 017 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 844220**  
 1. Corporation Name  
**GIL LEASEHOLDS LIMITED CO.**



Principal Place of Business 185 BRIDGELAND AVENUE TORONTO, ONTARIO M6A 1Y7 CANADA	Mailing Address 185 BRIDGELAND AVENUE TORONTO, ONTARIO M6A 1Y7 CANADA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>75 HAIST AVE.</b> Suite, Apt. #, etc. 22 City & State 23 <b>WOODBRIIDGE ONTARIO</b> Zip Country 24 <b>L4L 5V5</b> 25 <b>CANADA</b>	2a. Mailing Address 26 <b>75 HAIST AVE.</b> Suite, Apt. #, etc. 27 City & State 28 <b>WOODBRIIDGE ONTARIO</b> Zip Country 29 <b>L4L 5V5</b> 30 <b>CANADA</b>
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3. Date Incorporated or Qualified <b>09/25/1979</b>	4. FEI Number <b>98-0081905</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KIJTUN, BARRY, ATTY.**  
**3550 BISCAYNE BOULEVARD**  
**MIAMI FL 33137**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASEN, GWYNNE</b>	1.2 NAME	
STREET ADDRESS	<b>185 BRIDGELAND AVE. 75 HAIST AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOWNSVIEW, ONT., CAN. WOODBRIDGE ONT.</b>	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASEN, LEILA</b>	2.2 NAME	
STREET ADDRESS	<b>185 BRIDGELAND AVE. 75 HAIST AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOWNSVIEW, ONT., CAN. WOODBRIDGE ONT.</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASEN, IRA</b>	3.2 NAME	
STREET ADDRESS	<b>185 BRIDGELAND AVE. 75 HAIST AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOWNSVIEW, ONT., CAN. WOODBRIDGE ONT.</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a like other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** \_\_\_\_\_ Date: **MAY 1 1999** (416) 205-6151 Daytime Phone #

CR2E034 (11/98)