

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)


Reinstatement - 97

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 27 AM 10:14

10/29



PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F48037 (8)					
1. Corporation Name BOULTON & GIL REALTY, INC.					
Principal Place of Business 2210 WEST 10TH COURT HALEAH FL 33010 US			Mailing Address 6121 CORAL WAY MIAMI FL 33155 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/04/1981	
22 City & State		27 City & State		3a. Date of Last Report	
23 Zip		28 Zip		06/18/1996	
24 Country		29 Country		4. FEI Number	
				59-2572316	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DAVIDSON, PAMELA 6121 CORAL WAY MIAMI FL 33155				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	
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 <i>[Signature]</i> Pamela Davidson 10/20/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
P CACCIIVILLANI, RAFAEL 4390 SW 14 ST. MIAMI FL			1.1 TITLE		
DS DAVIDSON, PAMELA 6121 CORAL WAY MIAMI FL			1.2 NAME		
			1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
			2.1 TITLE		
			2.2 NAME		
			2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
			3.1 TITLE		
			3.2 NAME		
			3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
			4.1 TITLE		
			4.2 NAME		
			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
			5.1 TITLE		
			5.2 NAME		
			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
			6.1 TITLE		
			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 or on an attachment with an address.

SIGNATURE: *[Signature]* **RAFAEL CACCIIVILLANI** 10/9/97 (305) 262-8870

CR2E034 (4/97)