

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # G97713 (3)

1. Corporation Name
THE RAY GIL CORPORATION

Principal Place of Business

BOX #162, 14629 SW 104 ST., MIAMI FL 33186

Mailing Address

BOX #162, 14629 SW 104 ST., MIAMI FL 33186



2. Principal Place of Business

2a. Mailing Address

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9. Name and Address of Current Registered Agent

**PINTO, CLAUDETTE S.
10531 SW 142ND COURT
MIAMI FL 33186**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to, register an 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. NAME	PINTO, CLAUDETTE S.	13. 1. TITLE	
2. STREET ADDRESS	10531 SW 142ND COURT	2. NAME	
3. CITY, STATE, ZIP	MIAMI FL	3. STREET ADDRESS	
4. TITLE	ST	4. CITY, STATE, ZIP	
5. NAME	SPALDING, GILBERTE M.	5. TITLE	
6. STREET ADDRESS	10531 SW 142 CT.	6. NAME	
7. CITY, STATE, ZIP	MIAMI FL	7. STREET ADDRESS	
8. TITLE		8. CITY, STATE, ZIP	
9. NAME		9. TITLE	
10. STREET ADDRESS		10. NAME	
11. CITY, STATE, ZIP		11. STREET ADDRESS	
12. TITLE		12. CITY, STATE, ZIP	
13. NAME		13. TITLE	
14. STREET ADDRESS		14. NAME	
15. CITY, STATE, ZIP		15. STREET ADDRESS	
16. TITLE		16. CITY, STATE, ZIP	
17. NAME		17. TITLE	
18. STREET ADDRESS		18. NAME	
19. CITY, STATE, ZIP		19. STREET ADDRESS	
20. TITLE		20. CITY, STATE, 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 139.07(3)(b), 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: X Claudette S. Pinto **Claudette S. Pinto, Pres. 3-20-96 305-382-2647**

CR2E034 (12/95)