

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

97 NOV -3 AM 9: 31

SECRETARY OF STATE



DOCUMENT # **G97713** (3)  
1. Corporation Name  
**THE RAY GIL CORPORATION**

Principal Place of Business Mailing Address  
**BOX #162, 14629 SW 104 ST., MIAMI FL 33186** **BOX #162, 14629 SW 104 ST., MIAMI FL 33186-2906**

**REINSTATEMENT** *91*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/04/1984		04/08/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip Country		28 Zip Country		59-2394789		Not Applicable	
24		29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
						6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PINTO, CLAUDETTE S. 10531 SW 142ND COURT MIAMI FL 33186				81 Name			
				82 Street Address (P. O. Box Number is Not Acceptable)			
				83 100002339111--2			
				84 City -11/05/97--01084--003 ****550.00 FL ****550.00			

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 *Claudette S. Pinto* (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	PINTO, CLAUDETTE S.		1.2 NAME	<i>9/14/97</i>			
STREET ADDRESS	10531 SW 142ND COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SPALDING, GILBERTE M.		2.2 NAME				
STREET ADDRESS	10531 SW 142 CT.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			3.2 NAME	100002339111--2			
STREET ADDRESS			3.3 STREET ADDRESS	-11/05/97--01084--003			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****200.00 ****200.00			
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 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 if changed, or on an attachment with an address.

*Claudette S. Pinto* Claudette S. Pinto, Pres. 7-22-97 305-382-2647

CR2E034 (9/96)