


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 29 1998 8:00am
 Secretary of State

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|--------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # G97713 (3) | | |
| 1. Corporation Name THE RAY GIL CORPORATION | | |



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| Principal Place of Business BOX #162, 14629 SW 104 ST., MIAMI FL 33186 | Mailing Address BOX #162, 14629 SW 104 ST., MIAMI FL 33186 |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified 04/04/1984 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-2394789 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip | 25 Country | 29 Zip | | 30 Country | |
| 8. Name and Address of Current Registered Agent PINTO, CLAUDETTE S 10531 SW 142ND COURT MIAMI FL 33186 | | | 10. Name and Address of New Registered Agent | | |

| | |
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| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 NAME: PINTO, CLAUDETTE S STREET ADDRESS: 10531 SW 142ND COURT CITY-ST-ZIP: MIAMI FL | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: P 1.2 NAME: RAY PINTO 1.3 STREET ADDRESS: 10531 SW 142 CT 1.4 CITY-ST-ZIP: MIAMI FL 33186 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: ST NAME: SPALDING, GILBERTE M STREET ADDRESS: 10531 SW 142 CT. CITY-ST-ZIP: MIAMI FL | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: PINTO NAME: RAY PINTO STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> DELETE | 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> DELETE | 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> DELETE | 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> DELETE | 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 his 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: _____ SIGNATURE: _____

CR2E034 (5/98)