SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 29 1998 8:00am Secretary of State

	MÊNT # G97713 (GIL CORPORATION	3 (3)		
Principal Place	e of Business	Mailing Address		
BOX #162, 14629 SW 104 ST., BOX #162, 14629 SW 10		ST		
		MIAMI FL 33186		DO NOT WOLFE IN THIS PRACE
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
				04/04/1984
2. Principal Place of Business 2a. Mailing Address			4. FEI Number Applied For	
21 26		h		59-2394789 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			F. Cordificate of Status Desired \$8.75 Additional	
27			Fee Required	
City & State City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	·,····	Trust Fund Contribution
Z íp	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	[25]	[29]	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Registered Agent	81 Name	
	O, CLAUDETTE S			
10531 SW 142ND COURT			82 Street	Address (P.O. Box Number is Not Acceptable)
MIAN	AI FL 33186		83	
			63	
			84 City	FL 85 Zip Code
				corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typod or printed name of registered age		OTE: Registered Agent signate	
12.	Dricers A	DELETE	1.1 TITLE	P Change X Addition
NAME	PINTO, CLAUDETTE S	DECETE	1.2 NAME	RAY PINTO
STREET ADDRESS	10531 SW 142ND COURT		1.3 STREET ADDRESS	line a water
CITY-ST-ZIP	MIAMI FL		1.4 CiTY-ST-ZIP	migmy 7) 33186
TITLE	S	DELETE	2.1 TITLE	Change Addition
NAME	SPALDING, GILBERTE M	ZA DECE IE	2.2 NAME	
STREET ADDRESS	10531 SW 142 CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE TELEVISION		DELETE	3.1 TITLE	Change Addition
NAME LEWYOR	-T-10	E	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELE te	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change 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 119.07(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 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 SIGNASIBLE DE CHICADO (M)

CRZE034 (5/98)