## 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.)

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APPAQVEL **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Annual Report Secretary of State 91:11 MA 8- YAM 80 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORID L41148 (2)DOCUMENT # GIL'S MEAT MARKET, INC. Principal Place of Business Mailing Address 2224 N.E. 16TH ST. 2224 N.E. 16TH ST. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1990 03/12/1996 4. FEI Number 2. Principal Place of Business 20. Mailing Address Applied For 65-0217554 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GIL, GILBERTO 2224 NE 16TH ST 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33304-8321 83 84 City Zip Code 16.607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ins of, Section 607.0505, Florida Statutes. Pursuant to the pro office or register agent. I am fam SIGNATURE (NOT) Registered Agent's gnature required when reinstating) 12. ERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TOLE **GIL, GILBERTO** 1.2 NAME 2224 NE 16 ST STREET ADDRESS 13 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-7/P DELETE TITLE 21 THLE GIL, ANA 2.2 NAME NAME REINSTATEMEN 2224 NE 16 ST STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY - S1 - 7IP DELETE 3 1 11TLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE 4.1 1(1):8 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY+ST-7)P CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE Change Addition TITLE 6 1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS on supplied with this firing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that together up the recognition or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the informa

it with an address

VU/15/58