

1-22-97 B-0481-C

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

FILED

Jan 22 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L48400 (0)

1. Corporation Name
GIL U.S.A., INC.

Principal Place of Business

485 SUNSET DRIVE
HALLANDALE FL 33009
US

Mailing Address

485 SUNSET DRIVE
HALLANDALE FL 33009-6539
US

2. Principal Place of Business

21 2610 PIERCE ST
Suite, Apt. #, etc.22 City & State
HOLLYWOOD23 Zip Country
33020 BROWARD

24 33020 25 BROWARD

2a. Mailing Address

26 2610 PIERCE ST
Suite, Apt. #, etc.27 City & State
HOLLYWOOD28 Zip Country
33020 BROWARD

29 33020 30 BROWARD

3. Date Incorporated or Qualified

02/08/1990

3a. Date of Last Report

09/24/1996

4. FEI Number

59-2990471

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

GILLES, GAGNER
485 SUNSET DRIVE
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2610, PIERCE, ST.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33020

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

Signature of officer or director provided for use of registered agent and not for filing

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETENAME GAGNER, GILLES
STREET ADDRESS 485 SUNSET DRIVE
CITY-ST-ZIP HALLANDALE FLTITLE V ☐ DELETENAME DESMEULES, UNDA
STREET ADDRESS 485 SUNSET DRIVE
CITY-ST-ZIP HALLANDALE FLTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS 2610, PIERCE ST.

14 CITY-ST-ZIP HOLLYWOOD 33020

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS 2610 PIERCE ST.

24 CITY-ST-ZIP HOLLYWOOD 33020

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/08/97 954/929-2271

0114019

CR2E034 (9/96)