

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90164 031 ***158.75

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DOCUMENT # M27543

1. Corporation Name

GILAHESA CORPORATION



Principal Place of Business

1201 LEJUENE ROAD
S-215
CORAL GABLES FL 33134

Mailing Address

1201 LEJUENE ROAD
S-215
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1986

4. FEI Number

59-2638133

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

GIRON, JOSE P.
6425 S.W. 116TH PLACE
UNIT C
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

GIRON JOSE P.

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

9067 S.W. 215 TERRACE

83

84 City

MIAMI

FL

85 Zip Code

33184

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GIRON, AITALA H.
STREET ADDRESS 967 S.W. 215 TERRACE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE STD
NAME GIRON, YOLANDA H.
STREET ADDRESS 6425 S.W. 116TH PLACE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME GIRON, JOSE P.
STREET ADDRESS 6425 S.W. 116TH PLACE, UNIT C
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME GIRON, AITALA H.
1.3 STREET ADDRESS 9067 S.W. 215 TERRACE
1.4 CITY-ST-ZIP MIAMI - FLA 33184

☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME GIRON, YOLANDA H.
2.3 STREET ADDRESS 9067 S.W. 215 TERRACE
2.4 CITY-ST-ZIP MIAMI - FLA 33184

☒ Change ☐ Addition

3.1 TITLE V.D.
3.2 NAME GIRON, JOSE P.
3.3 STREET ADDRESS 9067 S.W. 215 TERRACE
3.4 CITY-ST-ZIP MIAMI - FLA 33184

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99

CR2E034 (11/98)