**FILED** 2001 Uniform Business Report (UBR) May 21, 2001 8:00 am Secretary of State DOCUMENT # **P00000031663** 1. Entity Name 05-21-2001 90036 004 \*\*\*150.00 GIL & G CORP. Principal Place of Business Mailing Address 630 LINCOLN ROADD 630 LINCOUN ROAD MIAMI BEACH, FL MIAMI BEACH, FL 33139 33139 658697 2. Principal Place of Business 630 LINCOLN RD 630 LINCOLN RD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0995359 MIAMI BEACH, FLORIDA MIÁMI BEACH, FLORIDA Not Applicable Country Zip 33139 Country \$8.75 Additional 5. Certificate of Status Desired 33139 USÁ USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORALLGABLES, FL 33134 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (11/00) PSTD ☐ Addition TITLE ☐ Delete TITLE ☐ Change ABITTAN, GABRIEL NAME NAME STREET ADDRESS 630 EINCOLN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an additys, with all other like providing the providing that the contraction of the corporation of the corporation

SIGNATURE: