

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089806 (1)

1. Corporation Name
GILDAMRIC CORP.

Principal Place of Business
312 S.E. 17 St. 2nd FL
750 S.E. THIRD AVE., STE. 300
FT. LAUDERDALE FL 33316

Mailing Address
312 S.E. 17 St. 2nd Fl
750 S.E. THIRD AVE., STE. 300
FT. LAUDERDALE FL 33316-1177



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1994		3a. Date of Last Report 02/12/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1416353		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81 Name SAAVEDRA, DAMASO W				81 Name			
82 Street Address (P.O. Box Number is Not Acceptable) 750 S.E. THIRD AVE., STE. 300- 312 SE 17 St. 2nd Floor				82 Street Address (P.O. Box Number is Not Acceptable)			
83				83			
84 City FT. LAUDERDALE FL 33316				84 City FL 85 Zip Code			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HYATT, GIL			1.2 NAME			
STREET ADDRESS	989 N.E. 45 STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAAVEDRA, DAMASO W			2.2 NAME			
STREET ADDRESS	750 S.E. THIRD AVE., STE. 300			2.3 STREET ADDRESS		312 S.E. 17th Street, 2nd Floor	
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP		Ft. Lauderdale, FL 33316	
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CADENAS, RICARDO			3.2 NAME			
STREET ADDRESS	10280A WILLOW MIST COURT			3.3 STREET ADDRESS		607 Kentland Drive	
CITY-ST-ZIP	OAKTON VA			3.4 CITY-ST-ZIP		Great Falls, VA 22066	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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: Gil Hyatt 1/14/97 954-902-2111

CR2E034 (9/96)