

**FILE NOW! FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 06 1997 8:00am**  
**Secretary of State**

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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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**DOCUMENT # P95000015848 (1)**

1. Corporation Name  
**GILL & COMPANY, INC.**



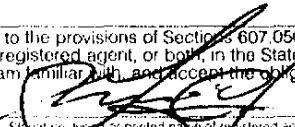
|   |  |
|---|--|
| Principal Place of Business<br><b>11 MENORES AVE., #2</b><br><b>CORAL GABLES FL 33134</b> | Mailing Address<br><b>PO BOX 651804</b><br><b>MIAMI FL 33265-1804</b><br><b>US</b> |
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|--|--|
| 3. Date Incorporated or Qualified<br><b>02/24/1995</b> | 3a. Date of Last Report<br><b>04/19/1996</b> |
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|--|---|--|--|
| 2. Principal Place of Business<br><b>221 MAJORCA AVE 201</b><br>Suite, Apt. #, etc.<br><b>201</b><br>City & State<br><b>CORAL GABLES, FL</b><br>Zip<br><b>33134</b> Country<br><b>US</b> | 2a. Mailing Address<br><b>1825 PONCE DE LEON BLVD</b><br>Suite, Apt. #, etc.<br><b># 371</b><br>City & State<br><b>CORAL GABLES, FL</b><br>Zip<br><b>33134</b> Country<br><b>US</b> | 4. FEI Number<br><b>65-0560837</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
|  |   | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
|  |   | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
|  |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

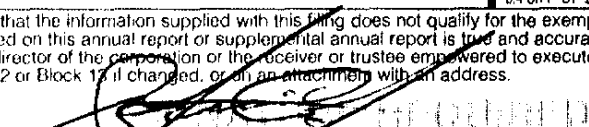
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| 9. Name and Address of Current Registered Agent<br><b>COLON, GUILLERMO</b><br><b>11 MENORES AVE., #2</b><br><b>CORAL GABLES FL 33134</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>Guillermo Colon</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>221 MAJORCA AVE #201</b><br>83<br>84 City <b>CORAL GABLES</b> FL 85 Zip Code <b>33134</b> |
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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:  (NOTE: Registered Agent signature required when reinstating) DATE

|  |                                 |   |  |
|--|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS                   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE<br><b>DPST</b>                         | <input type="checkbox"/> DELETE | 1.1 TITLE<br><b>President-Director</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>GUILLERMO, COLON</b>              |                                 | 1.2 NAME<br><b>Guillermo Colon</b>                    |  |
| STREET ADDRESS<br><b>11 MENORES AVE., #2</b> |                                 | 1.3 STREET ADDRESS<br><b>221 MAJORCA AVE</b>          |  |
| CITY-ST-ZIP<br><b>CORAL GABLES FL 33134</b>  |                                 | 1.4 CITY-ST-ZIP<br><b>CORAL GABLES, FL 33134</b>      |  |
| TITLE  | <input type="checkbox"/> DELETE | 2.1 TITLE<br><b>Vice-President-Director</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                                 | 2.2 NAME<br><b>Luis Carrasquillo</b>                  |  |
| STREET ADDRESS                               |                                 | 2.3 STREET ADDRESS<br><b>2100 SW 94th</b>             |  |
| CITY-ST-ZIP                                  |                                 | 2.4 CITY-ST-ZIP<br><b>MIAMI, FL 33165</b>             |  |
| TITLE  | <input type="checkbox"/> DELETE | 3.1 TITLE<br><b>Secretary-Director</b>                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                                 | 3.2 NAME<br><b>Sacuchinic Pacheco</b>                 |  |
| STREET ADDRESS                               |                                 | 3.3 STREET ADDRESS<br><b>17617 SW 11st</b>            |  |
| CITY-ST-ZIP                                  |                                 | 3.4 CITY-ST-ZIP<br><b>PENROCK PINES, FL 33029</b>     |  |
| TITLE  | <input type="checkbox"/> DELETE | 4.1 TITLE<br><b>Luis Ortiz-Treanval</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                                 | 4.2 NAME<br><b>17360 NW 52 PL</b>                     |  |
| STREET ADDRESS                               |                                 | 4.3 STREET ADDRESS<br><b>MIAMI, FL 33165</b>          |  |
| CITY-ST-ZIP                                  |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE  | <input type="checkbox"/> DELETE | 5.1 TITLE<br><b>Director</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                                 | 5.2 NAME<br><b>WILLIAM VELAZQUEZ</b>                  |  |
| STREET ADDRESS                               |                                 | 5.3 STREET ADDRESS<br><b>7531 W. JUNIPER Street</b>   |  |
| CITY-ST-ZIP                                  |                                 | 5.4 CITY-ST-ZIP<br><b>MIAMI, FL 33023</b>             |  |
| TITLE  | <input type="checkbox"/> DELETE | 6.1 TITLE<br><b>Director</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                                 | 6.2 NAME<br><b>ROSALINDA VARGAS HUERTAS</b>           |  |
| STREET ADDRESS                               |                                 | 6.3 STREET ADDRESS<br><b>13562 SW 58th</b>            |  |
| CITY-ST-ZIP                                  |                                 | 6.4 CITY-ST-ZIP<br><b>MIAMI, FL 33165</b>             |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  DATE: **4-26-97** DAYTIME PHONE: **305-567-1178**

CR2E034 (9/96)