

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90031 027 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P95000030031**

1. Corporation Name  
**GAMMA DELTA CORP.**



Principal Place of Business  
 115 SE 2ND ST.  
 2ND FLOOR  
 MIAMI FL 33131

Mailing Address  
 PO BOX 110239  
 MIAMI FL 33131-0239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**04/18/1995**

4. FEI Number  
**65-0602754**

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

9. Name and Address of Current Registered Agent

DEMOS, ANGELO P  
 115 SE 2ND ST.  
 2ND FLOOR  
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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	VP	<input type="checkbox"/> DELETE
NAME	TZORTZAKIS, MARIA	
STREET ADDRESS	115 SE 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TZORTZAKIS, NIKOS	
STREET ADDRESS	115 SE 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DPAS	<input type="checkbox"/> DELETE
NAME	CONSTANTINO, TEODORO	
STREET ADDRESS	115 SE 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	CONSTANTINO, ALICIA	
STREET ADDRESS	115 SE 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CONSTANTINO, PANAYOTIS	
STREET ADDRESS	115 SE 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GOVANTES, CARLOS	
STREET ADDRESS	115 SE 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]* President 03-01-99 305/596-0450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)