

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90010 020 \*\*\*150.00

PROFIT  
 CORPORATION  
 ANNUAL REPORT

1999

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

DOCUMENT # P96000066941

1. Corporation Name

Gili Corp.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

8/12/96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 17275 Collins Avenue

26 17275 Collins Avenue

4. FEI Number

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit 311

27 Unit 311

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City &amp; State

City &amp; State

23 N Miami Beach FL

28 N Miami Beach FL

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

County

Zip

County

24 33160

25

29 33160

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lizabeth F. Calvo  
 328 Crandon Boulevard  
 Suite 226  
 Key Biscayne, FL 33149

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 607.1508, 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 of applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

D  
 Guillermo S. Lopez  
 17275 Collins Avenue  
 N Miami Beach, FL 33160

☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

D  
 Liliana Lopez  
 17275 Collins Avenue  
 N Miami Beach, FL 33160

☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

☐ DELETE

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, or on attachment with an address.

SIGNATURE

Guillermo S. Lopez, Director

4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #