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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000066444

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90048 029 ***150.00

1. Corporatio			•"					
GIL'S_T	IRE.SERVICES, INC.		·	÷	₹			
					· `] [] [] [] [] [] [] [] [] [] [
}	<i>-</i> 2.							()
Principal Plac	e of Business	Mailing Addre	ess					
4135 EAST 8 AVENUE 4135 EAST 8 AVENUE						• :		
HIALEAH FL 33013 HIALEAH FL 33013						DO NOT WEIT	E IN THIS SPACE	
	~ .						E IN THIS SPACE	
1						3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address						07/27/1998 4. FEI Number		Applied For
⊢ '						65-0854185	<u> </u>	Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			 -		05-085F105		Additional	
						5. Certifcate of Status Desired	11 +	Required
22 27 City & State City & State				 	6 Florting Compaign Figureing			
			, a Siate			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23 28 Zip Country Zip				Country		8. This corporation owes the current year Intangible		
24	25 29		30		Personal Property Tax.		□No	
[24]	9. Name and Address of Curr		nt	T		10. Name and Address of New R	egistered Agent	
	5. Hallo alla -	<u></u>		81	Name			
GIL,	ENRIQUE				<u> </u>		1-3	
6955 WEST 7 AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptal	oie)		
HIALEAH FL 33014				83				
				<u> </u>	*.		- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 	
					City	المعاد عبد تجميدي عادات الداعث	FL 85 Zip	o Code
~44~Purcused	to the provisions of Sections 607.0	502 and 607 1508 F	Iorida Statute	es the abovi	e-named corno			ts registered
office or	registered agent, or both, in the Sta	te of Florida. Such ch	nange was a	uthorized by	the corporation	ration submits this statement for the parties board of directors. I hereby accept	the appointment as	registered
agent. Fa	am familiar with, and accept the obli	gations or, Section 6	U7.U3U3, FIOI	nua Statutes				
SIGNATURE	Signature, typed or printed name of registered a	nent and title if anglicable	INOTE	Registered Ager	nt signature required	when reinstating)	DATE	 {
12.		AND DIRECTORS		13.	`	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TITLE	DP	. [DELETE	1.1 TITLE	- \/		☐ Change	Addition
NAME	GIL, ENRIQUE			1.2 NAME				
STREET ADDRESS	ACCC MICOT T ANTHUIT			1.3 STREE	TADDRESS		•	
CITY-ST-ZIP	HIALEAH FL 33014			1.4 CITY-S	ST-ZIP			{
TITLE	VSD		DELETE	2.1 TITLE			☐ Chang	e 🔲 Addition
NAME	GIL, DIANA	•		2.2 NAME				
STREET ADDRESS	COLL MICOT T AVENUE				TADDRESS			
CITY-ST-ZIP	HIALEAH FL 33014			2, 4 CITY-S				
TITLE			DELETE	3.1 TITLE			☐ Change	e 🔲 Addition
NAME		_	_	3.2 NAME				
STREET ADORESS					TADORESS			
	,			3.4, CITY-S				
CITY-ST-ZIP	 		DELETE	4.1 TITLE	21:4H		Chang	e Addition
NAME	·	_	_	4, 2 NAME				
STREET ADDRESS	,			l l	TADDRESS			
				4.3 STREE	i			
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE			Change	e 🔲 Addition
		_		5.2 NAME				
NAME	.			5.3 STREE	TADDRESS			j
STREET ADDRESS	i			= 0.000111				
CITY-ST-ZIP				54 CITY-S	١.			1
~			7 DELETE	5.4 CITY- S 6.1 शापि	١.		☐ Chana	e
TITLE		Ε] DELETE	6.1 शTLE	١.		☐ Chang	e Addition
TITLE NAME	·	Ε	DELETE	6.1 TITLE 6.2 NAME	iT-ZIP		Chang	e Addition
TITLE	`.	Ε	DELETE	6.1 TITLE 6.2 NAME	TADDRESS		Chang	e Addition

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 than the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 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 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 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 supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

H12 9'

997- 500-7 Daytime Phone #