

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT

1995



Florida Department of
Revenue
Tallahassee, Florida 32399-0001
(904) 487-1000

APPROVED
AND
FILED

95 FEB 23 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 461819

(5)

GALIB & GALIB, INCORPORATED

Principal Place of Business
PENTHOUSE-EASTERN UNION BUILDING
111 S.W. THIRD ST.
MIAMI FL 33130

Mailing Address
PENTHOUSE-EASTERN UNION BUILDING
111 S.W. THIRD ST.
MIAMI FL 33130

3. Date Incorporated or Qualified 10/08/1974	3a. Date of Last Report 02/09/1994
4. FEI Number 52-1090600	Applied For Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent MCCORMICK, EDWARD J. 111 SOUTHWEST THIRD STREET MIAMI FL 33130

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
2. NAME	GALIB, JUSSEF M	1.2 NAME	
3. STREET ADDRESS	GA-9 CORTIJO BAJO ST	1.3 STREET ADDRESS	
4. CITY- ST- ZIP	GARDEN HILLS, GUAY	1.4 CITY- ST- ZIP	
5. TITLE	V	2.1 TITLE	☐ Change ☐ Addition
6. NAME	GALIB, HASSIB J	2.2 NAME	
7. STREET ADDRESS	GA-9 CORTIJO BAJO ST	2.3 STREET ADDRESS	
8. CITY- ST- ZIP	GARDEN HILLS, GUAY	2.4 CITY- ST- ZIP	
9. TITLE	S	3.1 TITLE	☐ Change ☐ Addition
10. NAME	BRAS, JUDY	3.2 NAME	
11. STREET ADDRESS	GA-9 CORTIJO BAJO ST	3.3 STREET ADDRESS	
12. CITY- ST- ZIP	GARDEN HILLS, GUAY	3.4 CITY- ST- ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY- ST- ZIP		4.4 CITY- ST- ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY- ST- ZIP		5.4 CITY- ST- ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the receiver. A trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF CURRENTLY REGISTERED OFFICER OR DIRECTOR

JUSSEF M. GALIB

FEB. 21, 1995

Date Signature/Name