## A9800001113

(Requestor's Name)			
2805 LITTLE DEAL ROAD (Address)			
TALLAHASSEE, FLORIDA 32308	(904) 385-6735	OFFICE USE ONLY	
(City, State, Zip)	(Phone #)		
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CORPORATION NAME(S	3) & DOCUMENT NUM	BER(S) (if known):	-
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NEW FILINGS	AMENDMENTS	er/Director  ot graph with the second	t 486
Profit	Amendment	1. yayyeso,	<b>9</b> /
NonProfit	Resignation of R.A., Office	er/Director	E/8
Limited Liability	Change of Registered Ager	nt aft All of	夏夏 治
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Examiner's Initials

QUALIFICATION

Limited Partnership

Reinstatement Trademark

Foreign

Other

CR2E031(10/92)

**Annual Report** 

Fictitious Name

Name Reservation

FILINGS, INC.

TERESA ROMAN

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 4, 1998

FILINGS, INC.

TALLAHASSEE, FL

SUBJECT: GALI, LTD

Ref. Number: W98000009986

DIVISION OF CORPORATIONS
98 MAY -5 PM 3:51

We have received your document for GALI, LTD and your check(s) totaling \$577.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$577.50 payment.

Please list the NAME and FLORIDA STREET ADDRESS of the partnrship's REGISTERED AGENT in Item 2. As it stands, Item 2 only lists the principal office address of the partnership. THIS IS REQUIRED. DO NOT DELETE. But please add the name and address of the agent.

ALSO, PLEASE have the REGISTERED AGENT sign a statement accepting the R.A. appointment.

Please return your document, along with a copy of this letter, within 60 day your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 898A0002440

38 MAY -5 PM 3: 13

## CERTIFICATE OF LIMITED PARTNERSHIP

OF

	GALI, LTD
I.	NAME OF LIMITED PARTNERSHIP: GALI, LTD  ADDRESS OF OFFICE AND NAME OF REGISTERED AGENT:
п.	The address of GALL LTD is: 1111 Lincoln Road, Suite #810, Miami Beach, Florida 33139.
m.	Registered Agent Martin W. Wasserman, 999 Washington Ave. GENERAL PARTNER: The name and address of the General Partner is as follows:  A) OPIE, INC. Suite #810, 1111 Lincoln Road, Miami Beach, Florida 33139.
IV.	MAILING ADDRESS FOR GALI, LTD IS: Suite #810, 1111 Lincoln Road, Miami Beach, Florida 33139.
v.	DATE OF DISSOLUTION: The latest date for dissolution of GALI, LTD is the 31st day of December, 2050.
	Signed this day of MAY, 1998.
	e of General Partner: Specific Address: Inc., a Florida corporation 1111 Lincoln Road, Suite #810, Miami Beach, Florida 33139.
	GALI, LTD.
	By: OPIE, INC., a Florida Corp. as General Partner  LAZARO MARTINEZ, President
	TE OF FLORIDA NTY OF DADE
MAR to m	BEFORE ME, the undersigned officer, a Notary Public, authorized to administer oaths and the acknowledgments in and for the State and County aforesaid, personally appeared LAZARO TINEZ, President of OPIE, INC., as General Partner of GALI, LTD, who is personally known as identification this day of
	MAY 1998.
	ANNE R. OSMAN NOTARY PUBLIC

My Commission Expires 12/28/98
Commission No. CC428108

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

SECRETAR CORPORATIONS
SECRETAR CORPORATIONS

STATE OF FLORIDA	FLORII	λC
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BEFORE ME, the undersigned authority, personally appeared, LAZARO MARTINEZ, President, of OPIE, INC., a Florida Corporation, as sole General Partner of GALI, LTD., a Florida Limited Partnership, hereafter referred, and states as follows:

- 1. The amount of capital contribution of the General Partner is \$1,000.00.
- 2. The amount of the anticipated capital contribution of the Limited 'partner is Seventy Thousand (\$70,000,000) Dollars.

Signed this \_\_\_\_ day of April, 1998.

Under penalties of perjury, I declare that I have read the foregoing and that the facts are true and correct to the best of my knowledge and belief.

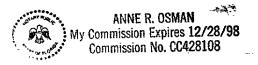
OPIE, INC., a Florida corporation

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County aforesaid, personally appeared LAZARO MARTINEZ, President of OPIE, INC., a Florida corporation, personally known to me and by me to be the person who executed the foregoing Affidavit of the Capital Contribution, and he acknowledged to me and before me that he executed this affidavit on behalf of GALI, LTD., a Florida Limited Partnership.

IN WITNESS WHEREOF, I have hereto set my hand and seal in the State and County aforesaid this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 1998.

My commission number is: My commission expires:

NOTARY PUBLIC



## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.	
1. The name of the corporation is: GALI, LTD.	-
2. The name and address of the registered agent and office is:	
MARTIN W. WASSERMAN	
(Name)	
999 WASHINGTON AVENUE (P.O. Box NOT acceptable)	
MIAMI BEACH, FLORIDA 33139	
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  SIGNATURE  DATE  5-4-98	<u>e</u>

REGISTERED AGENT FILING FEE: \$35.00