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

**PROFIT** CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90131 050 \*\*\*150.00

	1333	Transportation .			
DOCU		P35865°			

1. Corpora io	MENT # 73586	2							
Galley	y Manufacturing Corp.								
Principal Plac	e of Business	Mailing Address	-						
7365 Fairway Dr#125 7365 Fairway D Miami,FL.33014 Miami,FL.33014			25	DO NOT WRIT	re in Thi	S SPACE			
11101111,1	2.33011	THOME, THE SOU	1		3. Date Ir corporated or Qualifed 10/15/1991				ı
<del></del>	Place of Business	2a. Mailing Address			4. FEI Number			App ied For	ı
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	-		95-3868302			Not Applicable Additional	ı
22	.,	27			5. Certificate of Status Desired			Required	ı
City & Sat	le	City & State			Election Campaign Financing     Trust Fund Contribution			Nay Be	!
Zip 24	Coun ry	Zip	Cou	ntry	This corporation owes the curre     Personal Property Tax.	ent year l		[]No	
	9. Name and Address of Current		1001		10. Name and Address of New R	egistere	1 Agent		
				81 Name					
	Alexander,Sid			82 Street Ad I	ress (P.O. Box Number is Not Accepta	ble)			
	7365 Fairway Dr#125		i	83					
	Miami, Fl. 33014							- <u>-</u>	
				84 City		F	- 85 Zip	Cc de	
office our	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obligation	Fiorida Such change was	authorized	by the corpora id	poration submits this statement for the pon's board of directors. I hereby accept	ourpose of the appo	f changing it intment as r	s registered egistered	
SIGNATURE	Signature shoot of Winted the correlation agent.	nd title if applicable. (NO	Registered	X and C	d when reinstating)	DATE	-/3-	99	٠
12.	OFFICERS AND	DIRECTORS	13.		ADDITICNS/CHANGES TO OFF	ICERS A	ND DIRECT	ORS IN 12	Q.
TITLE	PTSD	☐ DELETE	1 1 TFT	LE			Change	Addition	Ξ
NAME	Alexander,Sid	=		ME					5
STREET ADDRESS			1.2 NA						_
CITY-ST-ZIP	1303 raxrway Dr#iz	5		REET ADDRESS					Ц
TITLE	— Miami, Fl. 33014		1.3 ST.	TY-ST-ZIP		<u>.</u>	Change	□ Addition	7000
	Miami,Fl.33014 C	5	1.3 ST. 1 4 CIT 2.1 TIT	TY-ST-ZIP		<u>-</u>	Change	Addition	7000
NAME	Miami,Fl.33014 C ALexander,Sid	DELETE	1.3 ST 1.4 CH 2.1 TIT 2.2 NA	TY-ST-ZIP LE ME			Change	Addition	חנסט
NAME STREET ADDRESS	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE	1.3 ST. 1 4 CH 2.1 TIT 2.2 NA 2.3 STI	TY-ST-ZIP  LE  ME  REET ADDRESS			☐ Change	☐ Addition	םנםט
NAME	Miami,Fl.33014 C ALexander,Sid	DELETE	1.3 ST. 1 4 CH 2.1 TIT 2.2 NA 2.3 STI	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP			☐ Change		שנפט
NAME STREET ADDRESS CITY-ST-ZIP	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE	1.3 ST. 1 4 CH 2.1 TH 2.2 NA 2 3 STI 2.4 CH	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE					םיםט
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE	1.3 ST. 14 CF. 2.1 TIT 2.2 NA 2.3 ST. 2.4 CF. 3.1 TIT 3.2 NA	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE					3000
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE	1.3 ST 14 CH 2.1 TH 2.2 NA 2.3 STI 2.4 CH 3.1 TH 3.2 NA 3.3 STI	Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE	1.3 ST 14 CH 2.1 TH 2.2 NA 2.3 STI 2.4 CH 3.1 TH 3.2 NA 3.3 STI	Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP				Addition	3000
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE  DELETE	1.3 ST 14 CH 2.1 TH 2.2 NA 2.3 STI 2.4 CF 3.1 TH 3.2 NA 3.3 STI 3.4 CF	IY-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  ME REET ADDRESS  IY-ST-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L			☐ Change	Addition	3000
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE  DELETE	1.3 ST 14 CM 2.1 TIT 2.2 NA 2.3 STI 2.4 CG 3.1 TIT 3.2 NA 3.3 STI 3.4 CG 4.1 TIT 4.2 NA	IY-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  ME REET ADDRESS  IY-ST-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ON AME STREET ADDRESS CITY-ST-ZIP	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE  DELETE	1.3 ST 14 CM 2.1 TII 2.2 NA 2.3 STI 2.4 CG 3.1 TIT 3.2 NA 3.3 STI 3.4 CG 4.1 TIT 4.2 NA 4.3 STI 4.4 CG	IY-ST-ZIP  LE  ME REET ADDRESS  IY-ST-ZIP  LE  ME REET ADDRESS  IY-ST-ZIP  LE  LE  ME REET ADDRESS  Y-ST-ZIP  LE  ME REET ADDRESS  Y-ST-ZIP			Change	Addition	3000
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE  DELETE	1.3 ST 14 CM 2.1 TH 2.2 NA 2.3 STI 2.4 CG 3.1 TH 3.2 NA 3.3 STI 3.4 CG 4.1 TH 4.2 NA 4.3 STI 4.4 CM 5.1 TW	Y-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  LE  ME REET ADDRESS  Y-ST-ZIP  LE  ME REET ADDRESS  Y-ST-ZIP			☐ Change	Addition	3CQ.
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE  DELETE	1.3 ST 14 CM 2.1 TH 2.2 NA 2.3 STI 2.4 CG 3.1 TH 3.2 NA 3.3 STI 3.4 CC 4.1 TH 4.2 NA 4.3 STI 4.4 CM 5.1 TW 5.2 NA	IY-ST-ZIP  LE  ME REET ADDRESS  IY-ST-ZIP  LE  ME REET ADDRESS  IY-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP			Change	Addition	30QV
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE  DELETE	1.3 ST 14 CH 2.1 TH 2.2 NA 23 STI 2.4 CH 3.1 TH 32 NA 3.3 STI 4.1 TH 4.2 NA 4.3 STI 4.4 CH 5.1 TH 5.2 NAI 5.3 STI	Y-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP  LE  MME REET ADDRESS			Change	Addition	
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP NAME STREET ADDRESS CITY- ST-ZIP	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE  DELETE	1.3 ST 14 CH 2.1 TH 2.2 NA 23 STI 2.4 CH 3.1 TH 32 NA 3.3 STI 4.1 TH 4.2 NA 4.3 STI 4.4 CH 5.1 TH 5.2 NAI 5.3 STI	Y-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  ME REET ADDRESS  IY-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP  LE  ME REET ADDRESS  Y-ST-ZIP  LE  ME REET ADDRESS  Y-ST-ZIP			Change	Addition	1000
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE  DELETE  DELETE	1.3 ST 1.4 CM 2.1 TII 2.2 NA 2.3 STI 2.4 CG 3.1 TII 3.2 NA 3.3 STI 4.4 CM 4.3 STI 4.4 CM 5.1 TW 5.2 NA 5.3 STI 5.4 CM	Y-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP  LE  ME REET ADDRESS  Y-ST-ZIP  LE  ME REET ADDRESS  Y-ST-ZIP  LE			☐ Change	Addition  Addition	
NAME STREET ADDRESS CITY- ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE  DELETE  DELETE	1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 4.4 CIT 5.1 TIV 5.2 NAI 5.3 STI 6.1 TITI 6.2 NAI	Y-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  ME REET ADDRESS  TY-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP  LE  MME REET ADDRESS  Y-ST-ZIP  LE  ME REET ADDRESS  Y-ST-ZIP  LE  ME REET ADDRESS  Y-ST-ZIP  LE			☐ Change	Addition  Addition	
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Miami,Fl.33014 C ALexander,Sid 7365 Fairway Dr.#12	DELETE  DELETE  DELETE	1.3 ST 1.4 CM 2.1 TM 2.2 NA 2.3 STI 2.4 CG 3.1 TM 3.2 NA 3.3 STI 4.4 CM 4.3 STI 5.1 TW 5.2 NAI 5.3 STI 6.1 TIM 6.2 NAI 6.3 STI	TY-ST-ZIP  LE  ME REET ADDRESS Y-ST-ZIP  LE  ME REET ADDRESS Y-ST-ZIP  LE  ME			☐ Change	Addition  Addition	

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 uncer oath; that I a n 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: