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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CO.

DOCUMENT # P9600030450 (6)

GALIANA MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address

250 SW 21 ROAD 250 SW 21 ROAD
MIAMI FL 33130 MIAMI FL 33130

## FILED Jun 18 1998 8:00am Secretary of State



	31 <b>30</b>	MIAMI FL 33130		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				04/05/1996
2. Principal Pr	lace of Business	2a. Mailing Address		4. FEI Number Applied For
n		26		65-0664994 Not Applica
Suite, Apt.	#, etc.	Suile, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
	ALIANA, THOMAS R		81 Name	MIKLAMEGALLANG
2!	50 SW 21 ROAD		82 Stree	et Address (P.O. Box Number is Not Acceptable) 250 5W 21 2045
M	IIAMI FL 33130			250 SW 21 ROAD
			83	
			84 City	95 Zin Code
			1 1	MIAMI FL 85 Zip Code 9
IGNATURE			Florida Statutes.  Other Registered Agent signals	ed corporation submits this statement for the purpose of changing its register or
	Signature type working where the spectroit	cp of and 1 to approached (S		ord required when reinstating) DATE (
2.	• • TOTAL TO A	IND DIRECTORS		
— - т	<del></del> _		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLE	D	<b>₩</b> DECETE	1.1 TRLE	D Change Addit
TLE AME	D GALIANA, THOMAS R JR		1.1 THEF 1.2 NAME	D Change Addi
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4. I hereby certify that the information supplied with this filling 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 entertal 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 composition of the receiver or trusted 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 for your an attachment with an address.

SIGNATURE:

The and pleana

(0/98 (30) 854-2138