

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

02111

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90036 035 \*\*\*158.75

**DOCUMENT # P97000094481**

1. Corporation Name  
**GALAXY AUTO SALES, INC.**

Principal Place of Business 3518 NW 36TH ST MIAMI FL 33142 US	Mailing Address 3518 NW 36TH ST 2ND FL MIAMI FL 33142 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3519 NW 36 St. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33142 Country 25 U.S.	2a. Mailing Address 26 3519 NW 36 St. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33142 Country 30 U.S.
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3. Date Incorporated or Qualified 11/04/1997	4. FEI Number 65-0795570	Applied For Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required	
6. Election Campaign Financing, Trust Fund Contribution □	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. X Yes □ No		

9. Name and Address of Current Registered Agent  
**VALDES, BASILIA L**  
**3519 NORTHWEST 36TH STREET**  
**MIAMI FL 33142**

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 607.0505, Florida Statutes.

SIGNATURE Basilias L. Valdes DATE 1/7/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	VALDES, BASILIA L	1.2 NAME	
STREET ADDRESS	3518 NW 36 ST 2ND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP
NAME	CARDIO, IDANIA	2.2 NAME	CARDIO, IDANIA
STREET ADDRESS	190 W 39 PL	2.3 STREET ADDRESS	190 W 39 PL
CITY-ST-ZIP	HIALEAH, FL 33012	2.4 CITY-ST-ZIP	HIALEAH, FL 33012
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 like empowered.

SIGNATURE: Basilias L. Valdes DATE 1/7/99 DAYTIME PHONE # 636-0746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)