

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

**APPROVED
AND
FILED**

95 APR 25 AM 10:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 412887 (2)

1. Corporation Name
EL GALEON INC.

Principal Place of Business
**581 WEST 28TH STREET
HIALEAH FL 33010**

Mailing Address
**581 WEST 28TH STREET
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/15/1972		3a. Date of Last Report 04/26/1994	
2. Principal Place of Business 21		4. FEI Number 59-1432024	
2a. Mailing Address 26		Applied For <input type="checkbox"/> Not Applicable	
Suits, Apt. #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

NOCHE, LEONELLE
581 WEST 28TH STREET
HIALEAH, FL
33010

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **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 _____ DATE _____
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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOCHE, GERARDO	1.2 NAME	
STREET ADDRESS	581 WEST 28TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 00000	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYANO, NOCHE	2.2 NAME	
STREET ADDRESS	581 WEST 28TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VDP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOCHE, LEONELLE	3.2 NAME	
STREET ADDRESS	581 WEST 28TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leonelle Noche* LEONELLE NOCHE 4-13-95 305-888-1823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR