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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 412887

(2)

EL GALEON INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 21 1997 8:00am Secretary of State



HALEAH FL 83010		581 WEST 28TH STREET HIALEAH FL 33010-1325		ļ		
	<u> </u>				3. Date Incorporated or Qualified 11/15/1972	3a. Date of Last Report 03/08/1996
2. Principal Place of Business 2a. Mailing Address					4. FEt Number	Applied For
21	· · · · · · · · · · · · · · · · · · ·	26	<u>- 1                                   </u>		59-1432024	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	├─ <b>┐</b>		5. Certificate of Status Desired Security Securi	
City & Star 23 Zip	le	Cily & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
			Country		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes	Yes 🔲 No
110	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Reg	stered Agent
	CHE, LEONELLE		8	1 Name		
2 1 681 WEST 28TH STREET  HIALEAH, FL			8	2 Street Add	Bress (P.O. Box Number is Not Acceptable	9)
33010				3		
			ľ	3		
				4 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607 registered agent, or both, in the	7.0502 and 607.1508, Florida Statut State of Florida, Such change was a	es, the abo	ve-named cor	poration submits this statement for the pu tion's board of directors. I hereby accept	rpose of changing its registered
: agent la	m familiar with, and accept the	obligations of, Section 607.0505, Fig	orida Statut	es.	and to board or directors. Thereby accept	me appointment as registered
SIGNATURE	Signature, typed or printed name of register	·				
12.		S AND DIRECTORS	Hogistered A	gent signature requi	irod when relistating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	0	DETETE	1.1 TILLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	NOCHE, GERARDO	-	1.2 NAM			C Onlings C Production
STREET ADDRESS	581 WEST 28TH STREET		1.3 STRF	1 ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 00000		1.4 CITY	\$1 - 71P	•	
TITLE	8D	DELETE	2.1 TITLE			Change Addition
NAME	PAA MPAY AATH ATARAT		2 2 NAME			
STREET ADDRESS	I salatanasa mu manan		2.3 STRE	T ADDRESS		
CITY-ST-ZIP	100		2. 4 CITY	- \$1 - ZIP		
NAME	NOCHE, LEONELLE		3.1 1111.6			Change Addition
STREET ADDRESS	581 WEST 28TH STREET		3.2 NAME	ļ.		
CITY-ST-ZIP	HIALEAH, FL 00000		3.4 CHY	1 ADDRESS		
TITLE	DELETE		4.1 TITLE	31-211		Change Addition
NAME		<del></del> -	4. 2 NAM			
STREET ADDRESS			4.3 STREE	I ADDRESS		endigendarity of the second of
CITY-ST-ZIP			4.4 CITY -	ST - ZIP		
TITLE	. DECETE		5.1 TITLE			Change Addition
NAME	· ·		5.2 NAME			
STREET ADDRESS			5.3 STREE	1 ADDRESS		
DITY-ST-ZIP		Distre	54 CITY-	ST-ZIP		
NAME	DELETE		6.1 1ffle			☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME			
CITY-ST-ZIP				1 ADDRESS		
OUT TO LET			6.4 City -	ST-ZIP		

14. I do 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 of Dunged, or on an attachment with an address.