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

PROFIT CORPORATION. ANNUAL REPORT 1999

DOCUMENT # 566747



Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-19-1999 90086 010 ***150.00

GALLO [DESIGN & DEVELOPMENT,	INC.							
D-iii Bloom	o of Ducinosa	Mailing Address				- I NOVIN DIVID DIVID CENE CORI BION REDI DENI BER		(8) 4(8) 1881	
Principal Place							•		
8300 SW 53RD AVE 8300 SW 53RD AVE MIAMI.F L 33143 MIAMI.F L 33143						<u>:</u>			
MICHAEL E 33143						DO NOT WRITE IN THIS SPACE			
-						3. Date Incorporated or Qualifed			
	·				_	03/02/1978			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	•	olied For	1
21	**	26				59-1806481		Applicable	ł
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Red		
City & State	e	City & State			_	6. Election Campaign Financing	\$5.00	May Be	İ
23 28		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip Cour		try	_	8. This corporation owes the current year Int.	on owes the current year Intangible		
24	25		30			Personal Property Tax.	☐ Yes ☐ No		
	9. Name and Address of Current	t Registered Agent		-		10. Name and Address of New Registered	Agent		
	LO PENTO			B1 1	Name				l
	LO, PEDRO		1	82 5	Street Addre	ss (P.O. Box Number is Not Acceptable)			l
1	SW 53RD AVE		L						
MIAN	MI FL 33143		1	83					ļ
				84 (City	FI.	85 Zip C	ode	}
11 Dureyant	to the provisions of Sections 607 0503	2 and 607 1508 Florida Statutes.	the abo	ove-n	named corpo		changing its	registered	1
office or r agent. I a	registered agent, or both, in the State of the manifest method and accept the obligations.	of Florida. Such change was authions of, Section 607.0505, Florid	orized l a Statut	by the	e corporation	ration submits this statement for the purpose of a's board of directors. I hereby accept the appoin	ntment as reg	jistered	
SIGNATURE	·					<u>.</u>			١.
	Signature, typed or printed name of registered agen		gistered A	gent si	ignature required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	1 8
12.	OFFICERS AN	D DIRECTORS	1.1 TITL	_		ADDITIONO/OFFICE TO OFFICE NO.	Change	Addition	1 3
TITLE	PD		1.2 NAM					_	1
NAME	GALLO, PEDRO		L						8
STREET ADDRESS	8300 SW 53RD AVE		1		DORESS				5
CITY-ST-ZIP	MIAMI FL		1.4 CITY-1			<u> </u>	Change	☐ Addition	{
TITLE					1			_	
NAME				2.2 NAME 2.3 STREET ADDRESS		·			
STREET ADDRESS	1								İ
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP		<u> </u>	<u></u>	Change	Addition	1
TITLE	, v	[] DELL'IL	3.1 TITLE 3.2 NAME			•	_,		
NAME			1		DODECC				
STREET ADDRESS		•			DORESS				
CITY-ST-ZIP	<u> </u>		3.4. CIT 4.1 TITL		<u> </u>		Change	Addition	1
TITLE	,				İ				<u></u>
NAME			4.2 NA		DDDESS -				Γ
STREET ADDRESS					DDRESS)				
CITY-ST-ZIP	ļ	DELETE	4.4 CITS 5.1 TITS		CIP-	<u>· </u>	☐ Change	Addition	1
TITLE		[] December 1	5.1 /112 5.2 NAN			•	_ : :=:::		
NAME CTREET ADDRESS	· .				DDRESS		•		
STREET ADDRESS	· .		5.4 CIT						
CITY-ST-ZIP		☐ DELETE	6.1 TITL				Change	Addition	1
TITLE		(1) pereie	6.2 NAA						
NAME	I			-	ı				1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does per 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 proof is 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 proof is 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 proof is 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 proof is 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 or supplementa

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUIRED NAME OF SIGNING OFFICER OR DIRECTOR