

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 663347 (3)
1. Corporation Name
GALES OF FLORIDA, INC.



Principal Place of Business *MOVED TO* Mailing Address *MOVED TO*
~~2000 NW 21ST STREET~~ → 2086 NW 21ST ST ~~2000 NW 21ST STREET~~ → 2086 NW 21 ST
 MIAMI FL 33142-7371 MIAMI FL 33142-7318
 US US
 P.O. Box 420010 P.O. Box 420010

3. Date Incorporated or Qualified: 12/27/1979
 3a. Date of Last Report: 04/05/1996
 4. FEI Number: 59-1972610
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
 MCMILLIAN, ANA
~~2000 NW 21ST STREET~~ → 2086 NW. 21ST STREET
 MIAMI FL 3314-7318
 P.O. Box 420010

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 *MOVED TO:* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | DIAZ DE VILLEGAS, LUIS | |
| STREET ADDRESS | 2000 NW 21ST STREET → <u>2086 NW 21ST STREET</u> | |
| CITY - ST - ZIP | MIAMI FL 33142 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DIAZ DE VILLEGAS, LEIDA | |
| STREET ADDRESS | 2000 NW 21ST STREET → <u>2086 NW 21ST STREET</u> | |
| CITY - ST - ZIP | MIAMI FL 33142 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MACMILLIAN, ANA | |
| STREET ADDRESS | 2000 NW 21ST → <u>2086 NW 21ST STREET</u> | |
| CITY - ST - ZIP | MIAMI FL 33142 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/18/97 (205) 325-0025
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0198529

CR2E034 (9/96)