FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **850776** **(6)**

1. Corporation Name

GALLPER CORPORATION S.A.

Principal Place of Business	Mailing Address
18101 N.W. 7TH AVENUE MIAMI FL 33169	18101 N.W. 7TH AVENUE MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1981	3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1749206	☐ Applied For ☐ Not Applicable
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 — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

9. Name and Address of Current Registered Agent

~~MANUEL B. URDANETH~~
~~18101 N.W. 7TH AVENUE~~
~~MIAMI FL 33160~~

10. Name and Address of New Registered Agent

81 Name: LUCIA GALLO C.
82 Street Address (P.O. Box Number is Not Acceptable): 18101 N.W. 7TH AVENUE
83
84 City: MIAMI FL. — FL — 85 Zip Code: 33169

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 x Lucia Gallo C. LUCIA GALLO C. 03.31.95
Signature, typed or printed name of registered agent and title, if any — Date — Registered agent signature required when reinstated — (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN C	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CARDENAS, JORGE PERICO	12 NAME	
STREET ADDRESS	11440 S.W. 82ND TERRACE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	~~MACKENZIE, M. ELVIRA~~	22 NAME	
STREET ADDRESS	~~CALLE 92 H 13-21 #403~~	23 STREET ADDRESS	
CITY ST ZIP	~~BOGOTA, COLUMBIA 00000~~	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, CRISTINA, P	32 NAME	
STREET ADDRESS	CALLE 92 H 13-21 #403	33 STREET ADDRESS	
CITY ST ZIP	BOGOTA, COLOMBIA 00000	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	LUCIA GALLO C.	42 NAME	
STREET ADDRESS	18101 NW 7TH AVENUE	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL. 33169	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an asterisk.

SIGNATURE: x Lucia Gallo C. LUCIA GALLO C. 03. 31.95 305-770-4157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184684 CP