

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 850776

(6)

1. Corporation Name

GALLPER CORPORATION S.A.

Principal Place of Business

18101 N.W. 7TH AVENUE
MIAMI FL 33169

Mailing Address

18101 N.W. 7TH AVENUE
MIAMI FL 33169

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

GALLO, LUCIA C
18101 NW 7TH AVE
MIAMI FL 33169

3. Date Incorporated or Qualified

10/20/1981

3a. Date of Last Report

05/01/1995

4. FID 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

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 602.0502 and 602.1548, 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, SRS 602.0502, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign this report

Signature of person who is authorized to sign this report

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE ☐ Change ☐ Addition
2. NAME	1.2 NAME
3. STREET ADDRESS	1.3 STREET ADDRESS
4. CITY, ST, ZIP	1.4 CITY, ST, ZIP
5. TITLE	2.1 TITLE ☐ Change ☐ Addition
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY, ST, ZIP	2.4 CITY, ST, ZIP
9. TITLE	3.1 TITLE ☐ Change ☐ Addition
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY, ST, ZIP	3.4 CITY, ST, ZIP
13. TITLE	4.1 TITLE ☐ Change ☐ Addition
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY, ST, ZIP	4.4 CITY, ST, ZIP
17. TITLE	5.1 TITLE ☐ Change ☐ Addition
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY, ST, ZIP	5.4 CITY, ST, ZIP
21. TITLE	6.1 TITLE ☐ Change ☐ Addition
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY, ST, ZIP	6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement in Section 119.071(4)(c), Florida Statutes. I further certify that the information included 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. If I am an officer or director of the corporation or the recorders or trustees empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *a. Lucia Gallo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-96 305-704457

CR2E034 (12/95)