
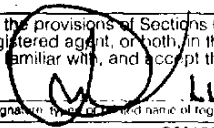
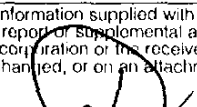


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F00910 (2)</b> 1. Corporation Name <b>GALIANI CORPORATION</b>					
Principal Place of Business <b>2630-A NW 41 ST GAINESVILLE FL 32606 US</b>		Mailing Address <b>P. O. BOX 13461 GAINESVILLE FL 32604 US</b>			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <b>21 13151 Newberry Road</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. Box 13461</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/08/1980</b>	
22 City & State <b>23 Tioga, FL</b> Zip <b>24 32669</b>		27 City & State <b>28 Gainesville, FL</b> Zip <b>29 32604</b>		4. FEI Number <b>59-2066898</b> Applied For <input type="checkbox"/> Not Applicable	
25 Country <b>USA</b>		30 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>SUTTON, JOHN O. 2655 LEJEUNE ROAD, PH II CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent <b>81 Name Luis A. Diaz</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 13151 Newberry Road</b> <b>83</b> <b>84 City Tioga FL 85 Zip Code 32669</b>			
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  <b>Luis Diaz - VP</b> DATE <b>3/12/98</b> (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>DE CANNELLA, COMPARETTO PAS</b> STREET ADDRESS <b>P. O. BOX 13461 N/A</b> CITY-ST-ZIP <b>GAINESVILLE FL</b>			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>13151 Newberry Road</b> 1.4 CITY-ST-ZIP <b>Tioga, FL 32669</b>		
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>MIGUEL J DIAZ</b> STREET ADDRESS <b>P.O. BOX 13461 NA</b> CITY-ST-ZIP <b>GAINESVILLE FL</b>			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>13151 Newberry Road</b> 2.4 CITY-ST-ZIP <b>Tioga, FL 32669</b>		
TITLE <b>V</b> <input type="checkbox"/> DELETE NAME <b>CANNELLA, LUISA J</b> STREET ADDRESS <b>P.O. BOX 13461 NA</b> CITY-ST-ZIP <b>GAINESVILLE FL 32604</b>			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS <b>13151 Newberry Road</b> 3.4 CITY-ST-ZIP <b>Tioga, FL 32669</b>		
TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>DIAZ, MARIA TERESA</b> STREET ADDRESS <b>P.O. BOX 13461</b> CITY-ST-ZIP <b>GAINESVILLE FL 32604</b>			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS <b>13151 Newberry Road</b> 4.4 CITY-ST-ZIP <b>Tioga, FL 32669</b>		
TITLE <b>VP</b> <input type="checkbox"/> DELETE NAME <b>DIAZ, LUIS A</b> STREET ADDRESS <b>561 NE 7TH AVE</b> CITY-ST-ZIP <b>GAINESVILLE FL</b>			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS <b>13151 Newberry Road</b> 5.4 CITY-ST-ZIP <b>Tioga, FL 32669</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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 its 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:  <b>Luis Diaz - VP</b> DATE <b>3/12/98</b> <b>352-3316220</b>					

CR2E034 (10/97)