

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1986. AMOUNT DUE ON OR BEFORE 8/9/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:25

DOCUMENT # F96849 (7)

1. Corporation Name
GALLOWAY EXPORT-IMPORT, INC.

Principal Place of Business Mailing Address
% MICHAEL L. BERGER
9900 SW 77 AVE SUITE #313
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1982** 3a. Date of Last Report: **06/08/1994**

2. Principal Place of Business 2a. Mailing Address
21 **20**
Suite, Apt #, etc Suite, Apt #, etc
22 **27**
City & State City & State
23 **28**
Zip Country Zip Country
24 **25** **29** **30**

4. FEI Number: **59-2217976** Applied Fee: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. For the company's reporting financial contributions: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 109.03(2) Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BERGER, MICHAEL L
9900 SW 77 AVENUE
SUITE #313
MIAMI FL 33156

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: _____ (Signature typed in printed name of registered agent and the filer acceptable) NOTE: Registered Agent signature required when re-registering DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, CARLOS R	12 NAME	
STREET ADDRESS	10340 S.W. 125 ST.	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 00000	14 CITY, ST, ZIP	
TITLE	VPS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ROSA EMILIA	22 NAME	
STREET ADDRESS	10340 S.W. 125 ST.	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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, as applicable, on an activity report with an address.

SIGNATURE: _____ **6/27/95** **(305) 666-6163**
SIGNATURE TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE

CR2E034 (3/95)