

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F96849 (7)

1. Corporation Name

GALLOWAY EXPORT-IMPORT, INC.



Principal Place of Business

Mailing Address

% MICHAEL L BERGER
9990 SW 77 AVE SUITE #313
MIAMI FL 33156

% MICHAEL L BERGER
9990 SW 77 AVE SUITE #313
MIAMI FL 33156

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

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/24/1982

3a. Date of Last Report

06/30/1995

4. FEI Number

59-2217976

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

BERGER, MICHAEL L
9990 SW 77 AVENUE
SUITE #313
MIAMI FL 33156

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 607.0552 and 607.1508, Florida Statutes, this 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 607.0555, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of Corporation

Printed Name of Registered Agent or Secretary of Corporation

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
PEREZ, CARLOS R
10340 S.W. 125 ST.
MIAMI, FL 00000

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPS
PEREZ, ROSA EMILIA
10340 S.W. 125 ST.
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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14 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 119.07(3)(k), 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 officer 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, checked, or on my attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

305-667-5268

CR2E034 (12/95)