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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G49618 GALAXY SALES CORP.

(3)

Mailing Address

FILED May 13 1997 8:00am Secretary of State

6240 NW 167TH STREET HIALEAH FL 33014		5240 NW 167TH STREET HIALEAH FL 33014-6234					
					3. Date Incorporated or Qualified 07/19/1983	3a. Date of Last R 05/01/1996	leport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		oplied For
21		26	26				ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				□ \$8.75	Additional
22		27	27				equired
City & State	0	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	ountry Zip C		79 8. This corporation has liability for intangible tax under s. 199.032		. 199.032,	
24	25	29	30			Yes 🗌 No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	gistered Agent	
	E, JEFFREY M.		'	31 Name			
	2 PONCE DE LEON BLVD.		82 Street Addr		ress (P.O. Box Number is Not Acceptable)		
	ITHOUSE SUITE		ļ.				
UUF	RAL GABLES FL 33134		'	33			
			ļ	34 City		FL 85 7ip	Code
11. Pursuant office or re agent. La	to the provisions of Sactions 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607,1508, Florida Statut ite of Florida. Such change was ligations of, Section 607,0505, Flo	tes, the about the about the suthorized orida Statu	by the corporates.	poration submits this statement for the p ation's board of directors. I hereby accep		ls registered registered
SIGNATURE	Signature, typed or printed name of registered in	agent and title if applicable (NOI	II Registered	Agent signature requ	uired wher: reinslating)	DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	PD	□ DELETE 1.1 TO		F		☐ Change	Addition
NAME	FINE, HENRY		1.2 NAN	NE .			
STREET ADDRESS	5240 NW 167TH STREET		1.3 STREET /				
CITY-ST-ZIP			1.4 D(T)	7-ST-7IP			
TITLE	VD	☐ DELETE	☐ DELETE 21 TOL			Change	Addition
NAME	IRVINE, THOMAS		2 2 N/				
STREET ADDRESS	5240 NW 167TH STREET	2351		EFT ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 00000		2 4 CIT	Y-ST-ZIP			
TITLE	STD STEMPEDO ECOMA	☐ DELF1€	3 1 7111	F		☐ Change	Addition
NAME	STEINBERG, FERNA		3 2 NAN	AE		•	
STREET ADDRESS	5240 NW 167TH STREET		3 3 S1R	EET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 00000			Y - S1 - 7IP			
TATLE	_	☐ DELETE	4.1 1411	F		Change	Addition
NAME	STEINBERG, ALAN		4. 2 NA	Mf			
STREET ADDRESS	5240 NW 167TH STREET		4.3 STR	EFT ADDRESS	•		
CITY-ST-ZIP	HIALEAH, FL 00000			(-ST-71P			
TITLE	L DELETE 51 TH		5 1 TITE	E		Change	Addition
name			5.2 NAN	đE			
STREET ADDRESS			5 3 S1R	EET ADDRESS			
CITY-ST-ZIP				(-ST-7IP		····	
TITLE		L DELETE	DELETE 61 TITLE			Change	Addition
NAME			62 NAN	AE			
STREET ADDRESS	•		63 S1R	EET ADDRESS			
CITY-ST-ZIP			64 Cf11	(-\$1-7IP	···		
III lab bassi							

I do 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.