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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H35481

(1)

GALLOWAY OFFICE SUPPLY. INC.

**FILED** Feb 06 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address						), 2017 G1Q14 G1Q14 B1B16 G1Q14 G1Q1	,,
6802 SW 81 ST Miami FL 33143		6802 SW 81 STREET MIAMI FL 33143-7708	MIAMI FL 33143-7708				
US		US			3. Date Incorporated or Qualified	3a. Date of Last Repo	ort
					12/21/1984	02/05/1996	
2. Principal Place of Business			2a. Mailing Address		4. FEI Number Applied Fo		ed For
21 26 Suite, Apri #, etc. 26		26			59-2524876	1101110	
22		27 Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		
<b>23</b> Zip	Country		Country		Trust Fund Contribution	Added to F	
24	25		30		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 19 Yes No	39.032,
	9, Name and Address of Curr		301		10. Name and Address of New Rec		
ZAS	SLOW, EDWIN B.		81 /	Name			
SUI	TE A		82 5	Street Addre	ess (P.O. Box Number is Not Acceptable	(a)	·····
	3 SOUTHWEST 102 AVENUE			JI GOT AGGIN	ess (F.O. DOX MUITIDE IS NOT ACCEPTADE	<del></del>	
MIA	MI FL 33173		83				
:			84 (	City		FL 85 Zip Coo	de
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-n	amed corp	oration submits this statement for the pu	wasse of changing its re	egistered
Office or	registered agent, or both, in the Sta am familiar with, and accept the obli	te ot Florios, Suco change was al	ithorized by th	ne corporati	ion's board of directors. I hereby accep	the appointment as reg	gistered
SIGNATURE							
12.	Signature by not or printed name of registered a	gent and life if applicable (NOTE: ND DIRECTORS		signature require	ed when reinstating)	DATE	
TITLE	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	TOURAL, JAIME		1.2 NAME				Notition
STREET ADDRESS	10300 SW 24 ST #E24		1.3 STREET AD	DRESS / 3	32405W 53 STX 1AMI, FL 331	2EET	
CITY - S1 - ZIP	MIAMI FL		1.4 CITY-ST-Z	ne M	1 AMI FL 331	7.5	
TITLE	1D	DELETE	2.1 TITLE	<u>"</u>			Addition
NAME	TOURAL, AMELIA		2.2 NAME				_
STREET ADDRESS	7105 SW 111 COURT		2.3 STREET AD				
CITY - ST - ZIP	MIAMI FL		2 4 CHY-ST-	ZIP M	1 AMI, FL 3317.	3	
117LE	SD	DELETE	31 TITLE				Addition
NAME	TOURAL, MERCEDES		3.2 NAME				
STREET ADDRESS	8500 SW 91 STREET		3.3 STREET ADI	DRESS			
CITY-ST-7IP	MIAMI FL	T st. cze	3.4. CITY - ST - 2	ZIP			_
TITLE	*	☐ DELETE	4.1 TITLE			Change	Addition
NAME	ESQUIVEL, JOHN 1099 W 64 ST		4. 2 NAME		SQUIVEL, AVAN		
STREET ADDRESS	HIALEAH FL		4.3 STREET AD				
CHTY-ST-ZIF TITLE	ITWILLIATE	DELETE	4.4 CITY - ST - Z	IP		Change	Addition
NAME			5.1 TITLE			Change [	Addition
STREET ADDRESS			5.2 NAME	DDCCC			
CITY-ST-2IP			5.3 STREET ADI				
TITLE		DELETE	5.4 CITY - ST - Z 6.1 TITLE	<u> </u>		Change	Addition
NAME		La Proprie	6.2 NAME			— onarge —	rudibuli
STREET ADDRESS			6.3 STREET ADD	DHESS			
CITY-ST-ZIP			6.4 CITY-ST-Z				
	by cartify that the information cumpli	and with this films along and a wiff			3- 08 340 07/03/5 50- 11 0:		

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 12 or Block 13 if enanged, or on an attachment with an address.