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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H35481
 1. Corporation Name
GALLOWAY OFFICE SUPPLY, INC.



Principal Place of Business
 6802 SW 81 ST
 MIAMI FL 33143
 US

Mailing Address
 6802 SW 81 STREET
 MIAMI FL 33143
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/21/1984	59-2524876	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28			
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
ZASLOW, EDWIN B. SUITE A 7103 SOUTHWEST 102 AVENUE MIAMI FL 33173		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)	DADELAND TOWERS, STE 412		
		83	9200 S. DADELAND BLVD		
		84 City	85 State	86 Zip Code	MIAMI FL 33156

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOURAL, JAIME	1.2 NAME	151 CRANDON BLVD #723
STREET ADDRESS	13240 SW 53 STREET	1.3 STREET ADDRESS	KEY BISCAINE, FL 33149
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOURAL, AMELIA	2.2 NAME	151 CRANDON BLVD #236
STREET ADDRESS	7105 SW 111 COURT	2.3 STREET ADDRESS	KEY BISCAINE, FL 33149
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESQUIVEL, JUAN	3.2 NAME	
STREET ADDRESS	1099 W 64 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOURAL, BEATRIZ	4.2 NAME	151 CRANDON BLVD #723
STREET ADDRESS	13240 S W 53RD STREET	4.3 STREET ADDRESS	KEY BISCAINE, FL 33149
CITY-ST-ZIP	MIAMI FL 33175	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 changed on an attachment with an address, with all other like empowered.

SIGNATURE: Amelia Toural AMELIA TOURAL 2/26/99 (305) 665-2116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)