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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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

12/21/1984

4. FEI Number

59-2524876

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 owes the current year Intangible Personal Property Tax. Yes No

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
 MIAMI

85 Zip Code
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME TOURAL, JAIME
 STREET ADDRESS 13240 SW 53 STREET
 CITY-ST-ZIP MIAMI FL 33175

1.1 TITLE Change Addition
 1.2 NAME 151 CRANDON BLVD #723
 1.3 STREET ADDRESS KEY BISCAINE, FL 33149
 1.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME TOURAL, AMELIA
 STREET ADDRESS 7105 SW 111 COURT
 CITY-ST-ZIP MIAMI FL 33173

2.1 TITLE Change Addition
 2.2 NAME 151 CRANDON BVD #236
 2.3 STREET ADDRESS KEY BISCAINE, FL 33149
 2.4 CITY-ST-ZIP

TITLE V DELETE
 NAME ESQUIVEL, JUAN
 STREET ADDRESS 1099 W 64 ST
 CITY-ST-ZIP HIALEAH FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME TOURAL, BEATRIZ
 STREET ADDRESS 13240 S W 53RD STREET
 CITY-ST-ZIP MIAMI FL 33175

4.1 TITLE Change Addition
 4.2 NAME 151 CRANDON BLVD #723
 4.3 STREET ADDRESS KEY BISCAINE, FL 33149
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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)