

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K70261 (8)

1. Corporation Name

GALA EXPORT, INC.

Principal Place of Business

**7000 NW 46TH ST.
MIAMI FL 33166
US**

Mailing Address

**7000 NW 46TH ST
MIAMI FL 33166
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1989

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0106098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUBA, LEONOR G
1439 URBINO AVE
CORAL GABLE FL 33166**

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 607.0502 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DENEUMOSTIER, ANGEL
STREET ADDRESS	AV NUGGET #131
CITY-ST-ZIP	LIMA-PERU
TITLE	V
NAME	DENEUMOSTIER, EDUARDO
STREET ADDRESS	AV NUGGET #131
CITY-ST-ZIP	LIMA-PERU
TITLE	ST
NAME	DENEUMOSTIER, NORMA
STREET ADDRESS	AV NUGGET #131
CITY-ST-ZIP	LIMA-PERU
TITLE	VOM
NAME	CUBA, LEONOR G
STREET ADDRESS	1439 URBINO AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	EXECUTIVE PRESIDENT	☐ Change ☒ Addition
1.2 NAME	J.N. ATALA	
1.3 STREET ADDRESS	1439 Urbino Ave.	
1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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, or on an attachment with an address.

SIGNATURE:

LEONOR CUBA

4/21/95 (305) 717-9914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #