

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K97938 (0)
1. Corporation Name
GALPA, INC.

Principal Place of Business 2665 S. BAYSHORE 900 MIAMI FL 33133 US	Mailing Address 2665 S. BAYSHORE 900 MIAMI FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2665 S Bayshore Drive Suite, Apt. #, etc. 22 Suite 703 City & State 23 Miami, FL Zip 24 33133-5401	2a. Mailing Address 26 2665 S Bayshore Drive Suite, Apt. #, etc. 27 Suite 703 City & State 28 Miami, FL Zip 29 33133-5401	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 06/26/1989	4. FEI Number 65-0130719	Applied For Not Applicable
5. Certificate of Status Desired XXX	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RICHARDS, TIMOTHY D. 2665 S BAYSHORE DR SUITE 900 MIAMI FL 33133	10. Name and Address of New Registered Agent 81 Name World Corporate Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 2665 S Bayshore Drive 83 Suite 703 84 City Miami 85 Zip Code FL 33133-5401
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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 *Henry D. Richards* Pres. 4/8/98
Signature, typed over filed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME RICHARDS, TIMOTHY D. STREET ADDRESS 2665 S. BAYSHORE DRIVE, STE 900 CITY-ST-ZIP MIAMI FL	1.1 TITLE P/S 1.2 NAME Henry Vaughan 1.3 STREET ADDRESS 2665 S Bayshore Drive, STE 703 1.4 CITY-ST-ZIP Miami, FL 33133-5401
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE D/T 2.2 NAME Timothy D. Richards, Esq. 2.3 STREET ADDRESS 2665 S Bayshore Drive STE 703 2.4 CITY-ST-ZIP Miami, FL 33133-5401
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

CR2E034 (10/97)