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

Mailing Address

~ → PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K97938 1. Corporation Name

Principal Place of Business

GALPA, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90152 033 \*\*\*158.75



2665 S. BAYSHORE DR SUITE 703 MAIMI FL 33133 US	2665 S. BAYSHORE DR SUITE 703 MAIMI FL 33133 US		DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  06/26/1989	S SPACE	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0130719	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired XX	\$8.75 Additional Fee Required	
City & State	City & State	<del></del>	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip Cou 29 30	ntry	This corporation owes the current year In Personal Property Tax.	tangible ☐ Yes ☑No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WORLD CORPORATE SERVICES / (VIC. 2665 S. BAYSHORE DR		NaWerld	Naworld Corporate Services, Inc.		
		82 Street Addres - 2-6-5	Street Address (P.O. Box Number is Not Acceptable)  -2665 South Bayshore Drive		
		Suite	S <del>uite-70</del> 3		
In an I C 50 150		84 City Miami	FI	85 Zip Code - 33133	

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 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  (NOTE: Registered Agent signature required when reinstating)					
12.	organization types of printed in the control of the		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT DELETE	1.1 TITLE			
NAME	RICHARDS, TIMOTHY D.	1.2 NAME	Timothy D. Richards		
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 703	1.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 7		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33133		
TITLE	PS DELETE	2.1 TITLE	P/D XXChange Addition		
NAME	VAUGHAN, HENRY	2.2 NAME	Henry Vaughan		
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 703	2.3 STREET ADDRESS	(address remains the same)		
CITY-ST-ZIP	MIAMI FL: 33133	2.4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE	DVP ☐ Change <b>X</b> Adition		
NAME		3.2 NAME	Richard Vaughan McAllister		
STREET ADDRESS		3.3 STREET ADDRESS	2665 South Bayshore Drive, STE 703		
CITY-ST-ZIP		3.4. CITY-ST-ZIP	Miami, Florida 33133		
TITLE	☐ DELETE	4.1 TITLE	DVP :Change MAddition		
NAME		4.2 NAME	Catherine Vaughan McAllister 2665 South Bayshore Drive STE 703		
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33133		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE	☐ DELETE	6.1 T/TLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

Thereby 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, with all other like empowered.

IGNATURE:

| Chapter 607 | Statutes | Statutes