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FILED

Mar 03 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M02866 (5)

1. Corporation Name  
GALLOP PROPERTIES, INC.Principal Place of Business  
201 SEVILLA AVENUE  
SUITE 302  
CORAL GABLES FL 33134Mailing Address  
201 SEVILLA AVENUE  
SUITE 302  
CORAL GABLES FL 33134-66183. Date Incorporated or Qualified  
07/18/19843a. Date of Last Report  
02/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2434417Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City &amp; State

City &amp; State

6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA  
830 INGRAHAM BLDG  
25 SE SECOND AVE #900 INGRAHAM BLDG.  
MIAMI FL 33131

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S. ☐ DELETE  
NAME BUSTAMANTE DE PONCE, ANA  
STREET ADDRESS 201 SEVILLA #302  
CITY-ST-ZIP CORAL GABLES FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE TAS ☐ DELETE  
NAME BUSTAMANTE DE LOPEZ, MAR  
STREET ADDRESS 201 SEVILLA #302  
CITY-ST-ZIP CORAL GABLES FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE DP ☐ DELETE  
NAME BUSTAMANTE, ALBERTO I  
STREET ADDRESS 201 SEVILLA #302  
CITY-ST-ZIP CORAL GABLES FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE VP ☐ DELETE  
NAME BUSTAMANTE, ALBERTO C  
STREET ADDRESS 201 SEVILLA AVENUE SUITE 302  
CITY-ST-ZIP CORAL GABLES FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE AT ☐ DELETE  
NAME BUSTAMANTE, GLADYS M  
STREET ADDRESS 201 SEVILLA AVENUE SUITE 302  
CITY-ST-ZIP CORAL GABLES FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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 duly authorized agent 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)