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Apr 19, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02866

1. Corporation Name

GALLOP PROPERTIES, INC.

Principal Place of Business

201 SEVILLA AVENUE
SUITE 302
CORAL GABLES FL 33134

Mailing Address

201 SEVILLA AVENUE
SUITE 302
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1984

4. FEI Number

59-2434417

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

2. Principal Place of Business

21 8190 N.W. 66th Street
Suite, Apt. #, etc.

2a. Mailing Address

26 8190 N.W. 66th Street
Suite, Apt. #, etc.

23 City & State
Miami, FL

28 City & State
Miami, FL

24 Zip Country
33166

29 Zip Country
33166

9. Name and Address of Current Registered Agent

CARRERAS, RAUL J
999 PONCE DE LEON BLVD
STE 720
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME BUSTAMANTE, ANA L
STREET ADDRESS 201 SEVILLA #302
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE TAS
NAME BUSTAMANE DE LOPEZ, MARIA A
STREET ADDRESS 201 SEVILLA #302
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE DP
NAME BUSTAMANTE, ALBERTO I
STREET ADDRESS 201 SEVILLA #302
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE VP
NAME BUSTAMANTE, ALBERTO C
STREET ADDRESS 201 SEVILLA AVENUE SUITE 302
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE AT
NAME BUSTAMANTE, GLADYS M
STREET ADDRESS 201 SEVILLA AVENUE SUITE 302
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8190 N.W. 66th Street

1.4 CITY-ST-ZIP Miami, FL 33166

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 8190 N.W. 66th Street

2.4 CITY-ST-ZIP Miami, FL 33166

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 8190 N.W. 66th Street

3.4 CITY-ST-ZIP Miami, FL 33166

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 8190 N.W. 66th Street

4.4 CITY-ST-ZIP Miami, FL 33166

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 8190 N.W. 66th Street

5.4 CITY-ST-ZIP Miami, FL 33166

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 of 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.

SIGNATURE

SIGNATURE REQUIRED BUSTAMANTE I.

April 2, 1999 (305) 448-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)