

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1984.
 AMOUNT DUE ON OR BEFORE 8/18/84: \$750 (IF CORRECTED, SHOWING AMOUNT DUE TO REINSTATE: \$975)

**APPROVED
AND
FILED**

94 JUL 25 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Joni Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M17633 (2)**

1. Corporation Name
LE GALORIE, INC.

Mailing Address
**3400 CORAL WAY SUITE 601
MIAMI FL 33145**

Principal Place of Business
**3400 CORAL WAY SUITE 601
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1985	3a. Date of Last Report 05/01/1993
4. FEI Number 59-2548116	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 5704 N.W. 2 Ave.	2a. Principal Place of Business 26 5704 N.W. 2 Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33127	Country 25 dade
Country 29 33127	Country 30 dade

9. Name and Address of Current Registered Agent GERARDO, A. REMY, JR. 3400 CORAL WAY SUITE 601 MIAMI FL 33145.	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) Grove Plaza - Suite 200 83 2900 S.W. 28th Terrace 84 City Miami FL 85 Zip Code 33133
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0503 or 617.0503, Florida Statutes.

SIGNATURE _____
 Signature typed or printed name of registered agent (see 10a) _____
 (If 10c Registered Agent Signature required, attach here) _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IF 12	
11 TITLE P/S/T	12 NAME BEADE, JOSE	11 TITLE	
13 STREET ADDRESS 3840 N.W. 9TH ST. #106	14 CITY ST ZIP MIAMI FL	12 NAME	
21 TITLE	22 NAME	13 STREET ADDRESS	
23 STREET ADDRESS	24 CITY ST ZIP	21 TITLE	
25 NAME	26 NAME	22 NAME	
27 STREET ADDRESS	28 CITY ST ZIP	23 STREET ADDRESS	
29 CITY ST ZIP	30 CITY ST ZIP	24 CITY ST ZIP	
31 TITLE	32 NAME	31 TITLE	
33 STREET ADDRESS	34 CITY ST ZIP	32 NAME	
35 CITY ST ZIP	36 CITY ST ZIP	33 STREET ADDRESS	
37 TITLE	38 NAME	34 CITY ST ZIP	
39 STREET ADDRESS	40 CITY ST ZIP	35 TITLE	
41 CITY ST ZIP	42 NAME	36 CITY ST ZIP	
43 STREET ADDRESS	44 CITY ST ZIP	37 STREET ADDRESS	
45 CITY ST ZIP	46 CITY ST ZIP	38 CITY ST ZIP	
47 TITLE	48 NAME	39 TITLE	
49 STREET ADDRESS	50 CITY ST ZIP	40 STREET ADDRESS	
51 CITY ST ZIP	52 NAME	41 CITY ST ZIP	
53 STREET ADDRESS	54 CITY ST ZIP	42 STREET ADDRESS	
55 CITY ST ZIP	56 CITY ST ZIP	43 CITY ST ZIP	
57 TITLE	58 NAME	44 TITLE	
59 STREET ADDRESS	60 CITY ST ZIP	45 STREET ADDRESS	
61 CITY ST ZIP	62 NAME	46 CITY ST ZIP	
63 STREET ADDRESS	64 CITY ST ZIP	47 STREET ADDRESS	
65 CITY ST ZIP		48 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked and equally for this registration stated in law (see 10a) only, 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 registrar or trustee responsible to oversee this report as required by Chapter 607, Part Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an officer named with an address.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF HIGHING OFFICER OR DIRECTOR