

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # M17633 (2)
1. Corporation Name
LE GALORIE, INC.



Principal Place of Business
5704 NW 2ND AVE.
MIAMI FL 33127
US

Mailing Address
5704 NW 2ND AVE.
MIAMI FL 33127-1608
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified 07/03/1985
3a. Date of Last Report 04/18/1996
4. FEI Number 59-2548116
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GERARDO, A. REMY JR
2900 SW 28TH TERR.
GROVE PLAZA-SUITE 200
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name Jose Beade
82 Street Address (P.O. Box Number is Not Acceptable) 35 N.W. 47 Ave.
83
84 City Miami FL 85 Zip Code 33126

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]* DATE

12. OFFICERS AND DIRECTORS
TITLE PST
NAME BEADE, JOSE
STREET ADDRESS 3025 S.W. 76 AVE.
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PST
1.2 NAME BEADE, JOSE
1.3 STREET ADDRESS 35 N.W. 47 Ave.
1.4 CITY-ST-ZIP MIAMI, FL 33126

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 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.

SIGNATURE *[Signature]*

CR2E034 (9/96)