

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:58

DOCUMENT # **N33541 (6)**

1. Corporation Name
**GALLOWAY AND MILLER ESTATES HOMEOWNERS ASSOCIATI
ON, INC.**

Principal Place of Business Mailing Address
8835 SW 57 ST 8835 SW 57 ST
C/O NORBERTO SOLIS C/O NORBERTO SOLIS
MIAMI FL 33173 MIAMI FL 33173
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1989 3a. Date of Last Report 02/17/1994
4. FEI Number 65-0286998 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 6800 S.W 40 STREET 26 6800 SW 40 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 PO Box 141 27 PO Box 141
City & State City & State
23 Miami Florida 28 Miami Florida
Zip Country Zip Country
24 33155 25 Dade 29 33155 30 Dade

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
INFANTE, EDUARDO
5691 SW 88TH AVENUE
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name Norberto Solis
82 Street Address (P.O. Box Number is Not Acceptable) 8835 S.W 57 ST
83
84 City Miami FL 85 Zip Code 33173

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, all obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Luis M. Mata* Luis M. Mata. DATE 3/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	SOLIS, NORBERTO
STREET ADDRESS	8835 SW 57TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	LLERANDI, VICTOR
STREET ADDRESS	8830 SW 58TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	RODRIGUEZ, MJ
STREET ADDRESS	5955 SW 60TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	INFANTE, EDUARDO
STREET ADDRESS	5691 SW 88TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Antonio Maderos
1.3 STREET ADDRESS	8825 SW 60 ST
1.4 CITY-ST-ZIP	Miami FL 33173
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Renato Perez
2.3 STREET ADDRESS	5851 SW 88 COURT
2.4 CITY-ST-ZIP	Miami FL 33173
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Luis M. Mata
4.3 STREET ADDRESS	6680 SW 88 Place
4.4 CITY-ST-ZIP	Miami FL 33173
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Luis M. Mata* Luis M. Mata. DATE 3/6/95 (305) 274 486 0
Signature and typed or printed name of signing officer or director. Date Daytime Phone #