

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

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000015326 (1)

1. Corporation Name
CAMILLE GALINDO, INC.

Principal Place of Business
12500 NE 15TH AVE #616
NORTH MIAMI FL 33161

Mailing Address
12500 NE 15TH AVE #616
NORTH MIAMI FL 33161-6063

3. Date Incorporated or Qualified 12/24/1992
3a. Date of Last Report 04/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0393549
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALINDO, CAMILLE
12500 NE 15TH AVE #616
NORTH MIAMI FL 33161

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

(If agent, repeat for each individual agent and the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	D	GALINDO, CAMILLE	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS		12500 NE 15TH AVE #616	
12.3	CITY-STATE-ZIP		NORTH MIAMI FL 33161	
12.4	TITLE			<input type="checkbox"/> DELETE
12.5	NAME			
12.6	STREET ADDRESS			
12.7	CITY-STATE-ZIP			
12.8	TITLE			<input type="checkbox"/> DELETE
12.9	NAME			
12.10	STREET ADDRESS			
12.11	CITY-STATE-ZIP			
12.12	TITLE			<input type="checkbox"/> DELETE
12.13	NAME			
12.14	STREET ADDRESS			
12.15	CITY-STATE-ZIP			
12.16	TITLE			<input type="checkbox"/> DELETE
12.17	NAME			
12.18	STREET ADDRESS			
12.19	CITY-STATE-ZIP			

13.1	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	64 CITY-STATE-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 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:

Camille Galindo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)