

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:28

DOCUMENT # P94000013178 (6)

1. Corporation Name

GALA TRADING COMPANY

Principal Place of Business

151 MAJORCA AVE
CORAL GABLES FL 33134

Mailing Address

151 MAJORCA AVE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

4. FEI Number

65-0472389

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$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

2. Principal Place of Business

21 10300 SW 72nd Street

2a. Mailing Address

26 10300 SW 72nd St.

Suite, Apt., #, etc.

22 Suite 261-A

Suite, Apt., #, etc.

27 Suite 261-A

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33173

Country

25 USA

Zip

29 33173

Country

30 USA

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

BARROS, MARIA CRISTINA

82 Street Address (P.O. Box Number is Not Acceptable)

10300 SW 72ND STREET, #261A

83

84 City

MIAMI

FL

85 Zip Code

33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

McZones - BARROS, MARIA CRISTINA - PRESIDENT 03/09/95

12. OFFICERS AND DIRECTORS

1. TITLE	PTSD
2. NAME	BARROS, MARIA C
3. STREET ADDRESS	6451-D SW 116 CT
4. CITY, ST, ZIP	MIAMI FL 33173
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PTSD	☒ Change ☐ Addition
2. NAME	BARROS, MARIA CRISTINA	
3. STREET ADDRESS	10300 S.W. 72 nd. Street, #261-A	
4. CITY, ST, ZIP	Miami, FL. 33173	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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. I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-95 (805) 275-8640