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Jan 30 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 # P94000013178 (6)

1. Corporation Name
GALA TRADING COMPANY



Principal Place of Business

10300 SW 72 ST
SUITE 235
MIAMI FL 33173
US

Mailing Address

10300 SW 72 ST
SUITE 235
MIAMI FL 33173-3038
US

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 7266 SW 48 STREET

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

24 Zip 33155

Country US

2a. Mailing Address

26 7266 SW 48 STREET

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

29 Zip 33155

Country US

4. FEI Number
65-0472389

Applied For
Not Applicable

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

BARROS, MARIA C
10300 SW 72 ST
SUITE 235
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name MARIA C. BARROS

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

7266 SW 48th STREET

83

84 City MIAMI

FL

85 Zip Code 33155

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 typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD
NAME BARROS, MARIA C
STREET ADDRESS 10300 SW 72 ST #281A
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PTSD ☒ Change ☐ Addition
12 NAME BARROS, MARIA C.
13 STREET ADDRESS 7266 SW 48 STREET
14 CITY-ST-ZIP MIAMI, FL 33155

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-97 (805) 668.2240

Date Daytime Phone

CR2E034 (9/96)