FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000013200 (8)**

1. Corporation Name

GALU, INC.

Principal Place of Business	Mailing Address
5859 SW 73 STREET 101 PARK AVE., SUITE 3500 MIAMI FL 33143 US	C/O CURTIS, MALLET-PREVOST, COLT & MOSLE 101 PARK AVE., SUITE 3500 NEW YORK NY 10178-0061

2. Principal Place of Business	2a. Mailing Address
21 5859 S.W. 73 ST	26 5859 S.W. 73 st
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 MIAMI, FLORIDA
Zip 24 33143 Country 25 USA	Zip 29 33143 Country 30 USA

3. Date Incorporated or Qualified: **02/17/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0477074** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required if box(es) checked.) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SAN ROMAN, GASTON M		12 NAME	
STREET ADDRESS	5875 SW 74TH TERRACE, #25		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SAN ROMAN, LUIS M		22 NAME	
STREET ADDRESS	5875 SW 74TH TERRACE #25		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	NORIEGA, ENRIQUE G		32 NAME	
STREET ADDRESS	6431 SW 116TH COURT, UNIT A		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LEVINE, ROSE L		42 NAME	
STREET ADDRESS	8300 SW 12TH TERRACE		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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 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, added or deleted.

SIGNATURE: _____ 2/17/96 (305)663-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #