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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1997 8:00am

Secretary of State

- 1 (DE 1100) (DE FOIT BIOS DESIDONIL OBJE ERRE DIVI EN EN FOIT ERVE (AND 100)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400030809 (5)

GALERAS ENTERPRISES, INC.

Principal Place			3"	Mailing Address						FB 1   F 1	7 (914 (9E)	
9699 N.W. 7TH ST			3899 N.W. 7TH ST									
SUITE #203 MIAMI FL #3126			SUITE #203 MIAMI FL 33126-5551									
							3. Date Incorporated or Qualified 04/22/1994		ate of Last F 2 <b>4/1996</b>	leport		
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		T A	pplied For		
21		[26]				65-0482688		No	ot Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	П		Additional			
22		27					6. Commodic of Grado Bourse			equired		
City & State	e		City & State					6. Election Campaign Financing	r		May Be	
23		Country	Zip Country				Trust Fund Contribution			to Fees		
Zip	-	Country	Zip	F	Outtry	,		8. This corporation has hability for Florida Statutes		tax under s ∃No	. 199.032,	
24	o Name and	d Address of Current	29 Registered Agent	30				10. Name and Address of New Re	1		,	
VAC	A, JORGE				81	Ι'n	lanio		4			
	N.W. 7TH ST	CHITE #202				ļ_						
	WI FL 33129	., OUIL #200			82	8	treet Addre	ss (P.O. Box Number is Not Acceptab	le) ·		,	
MILLAN	WI I'L 00 120				83	-						
						ļ.,	·					
					84	-	ity		FL	1 1 .	Code	
11. Pursuant t	to the provisions	of Sections 607.0502	and 607.1508, Florida St	alutes, the	above	l e-na	amod corpo	ration submits this statement for the p on's board of directors. I hereby accep	urpose of	ll changing i	ts registered	
office or re	egistered agent,	, or both, in the State of	Florida, Such change w	as authoria Florida S	zed by	y th	e corporatio	in's board of directors. I hereby accer	ot the app	ointment as	registered	
	an ignima mar, c	and doodpt the obligati	010 (1), 00011011 (07.0000	71 101111111111111111111111111111111111	Cococo							
.SIGNATURE	Signature, typed or pr	anled name of registered agent	and blie if applicable	(NOTE: Bog ste	red Age	971 Si	ignature required	d when reinstating)	DATE			
12. 🐇		OFFICERS AND		13	3.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PD	_	DELETE	1.1	TITLE					∐ Change		
NAME	VACA, JORG			1.2	NAME		f					
STREET ADDRESS		TH ST SUITE 203	1.3 S		STREET	ADL	PRESS					
CITY-ST-ZIP	MIAMI FL 33	126			CITY-S	7 - 7	Р .					
TITLE			☐ DETE LE		TITLE					Change	Addition	
NAME					NAME			•				
STREET ADDRESS					STREET							
City-St-ZIP			DELETE		4 Cily - S	S1 - Z	IP .			Change	Addition	
TITLE					11111		İ			Creange	Audilion	
NAME					NAME	N Poli	viceo .					
STREET ADDRESS					STREET		į					
CITY-ST-ZIP TITLE			DELETE		I. DITY- 9 TITLE	51-7	ll'			Change	Addition	
NAME					2 NAME	;						
STREET ADDRESS					STREET		22130					
CITY-ST-ZIP				. ∎i	CITY-S							
TITLE			DELETE		THE		<u> </u>			☐ Change	Addition	
NAME			-		NAME					-		
STREET ADDRESS					STREET	ADD	RESS					
CITY-ST-ZIP					CHY-S							
TITLE			☐ DELETE		TITLE				······································	Change	☐ Addition	
NAME				6.2	NAME							
STREET ADDRESS				6.3	STREET	ADC	RESS					
CITY-ST-ZIP					CITY-S							
14 I do hereb	oy certify that the	information supplied s	with this filing does not q	uality for th	e exe	mp	tion stated i	n Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
l am an of appears in	fficer or director n Block 12 or Blo	of the corporation or the cock 13 if changed, or o	ic receiver or trustee emi in an attachment with an	powered to address.	0000 0000	uto	this report a	ny signaturo shall have the samo loga as required by Chapter 607, Florida S	talutes; ar	nd that my r	name	