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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

P94000045429 (5) DOCUMENT # Corporation Name PUERTO GALLEGO, INC. Principal Place of Business Mailing Address 2093 PALM AVENUE 2093 PALM AVENUE HIALEAH FL 33010 HIALEAH FL 33010 3a. Date of Last Report 3. Date Incorporated or Qualified 06/17/1994 01/26/1995 2. Principal Place of Business 4. FET Number / Applied For 2a. Mailing Address 65-0499303 21 Not Applicable 26 Suite. Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for Intangible tax under s. 199.032, Ves □ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent 81 Name LAGO, ENRIQUE 82 Street Address (P.O. Box Number is Not Acceptable) 2093 PALM AVENUE 83 HIALEAH FL 33010 84 City 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. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating): DATÉ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition D 1 1 TITLE THE 1.2 NAME LAGO, ENRIQUE NAME 2093 PALM AVENUE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 1.4 City - \$1 - ZIP CITY - ST - ZIP Addition DELETE Change 2 1 TITLE TITLE CASTRO, FRANCISCO 2.2 NAME NAME 2093 PALM AVENUE 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 2 4 CHY+S1-ZIF CHY-ST-7IP □ D€LETL 3 1 TITLE Change Addition TITLE RODRIGUEZ, ADRIANO NAME 3.2 NAME STREET ADDRESS 2093 PALM AVENUE 3.3 STREET ADDRESS HIALEAH FL 33010 3 4 CH1Y - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 4 1 Tilli E TITLE 4.2 NAM5 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C/TY - ST - Z/P CHTY-ST-ZIP ☐ Addition DELETE 5000017504**£**5 TITLE 6 1 TITLE -03/20/96--01014--006 NAME 6.2 NAME \*\*\*208.75 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP CITY-ST-7IP 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)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplier ental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or

nrique lago 2-8-96

CR2E034 (12/95)