

~~FEE NOW: FILING FEE AFTER MAY 1 IS \$550.00~~

PROFIT
CORPORATION
ANNUAL REPORT



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

APPROVED
AND
FILED

99 JAN -8 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94 0000 45429
1. Corporation Name

PUERTO GALLEGO, INC.

800002743148--7
-01/15/99--01014--005
*****8.75 *****8.75

Principal Place of Business

Mailing Address

2093 PALM AVENUE
HIALEAH, FL 33010 (SAME)

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

3a. Date of Last Report

6/17/94

3/28/97

4. FEI Number

65-0499303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

ENRIQUE LAGO
2093 PALM AVENUE
HIALEAH, FL 33010

81 Name

RANDALL NORDLUND, ESQ.

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

INTERNATIONAL PLACE, SUITE 2610

83

100 SE 2ND STREET

84 City

MIAMI

FL

85

33131

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.

RANDALL NORDLUND

TAMM S, 1999

DATE

12. OFFICERS AND DIRECTORS

* TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ENRIQUE LAGO
2093 PALM AVENUE
HIALEAH, FL 33010

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T/D FRANCISCO CASTRO
2093 PALM AVENUE
HIALEAH, FL 33010

☒ Change ☐ Addition

21 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/D ADRIANO RODRIGUEZ
2093 PALM AVENUE
HIALEAH, FL 33010

☒ Change ☐ Addition

31 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800002743148--7
-01/15/99--01014--005
*****150.00 *****150.00

☐ Change ☐ Addition

41 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

FRANCISCO CASTRO

Date

Daytime Phone #

12-26-98-305 8821272

CF2E034 (9/96)