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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

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P95000005865 (7)

GALLETI INVESTMENTS INC.

Principal Place of Business

Mailing Address



| 1180 S. POWERLINE ROAD. SUITE 202 POMPANO BEACH FL 33069-4340 | | 1180 S. POWERLINE ROAD. SUITE 202 POMPANO BEACH FL 33069-4340 | | | | |
|--|---|--|--|--|---|---|
| | | | | | 3. Date Incorporated or Qualified 01/19/1995 | 3a. Date of Last Report |
| Principal Place of Business Total | | 2a. Mailing Address 26 | | 4. FEI Number 65-0583969 | Applied For Not Applicable | |
| Suite, Apt. # 22 | ŧ, etc. | Suite, Apt. | #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & Sta | e | | Flection Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <i>Ζ</i> ιρ 24 | Country 25 | Zip 29 | Country 30 | | 8. This corporation has liability for in Florida Statutes Yes | · |
| | 9. Name and Address of Curr | ent Registered Ager | | ····· | 10. Name and Address of New R | egistered Agent |
| 5.0 | | | 81 | | ANTNS, CARLOS | . / |
| | WINE, CARLOS L | | 82 | | ress (P.O. Box Number is Not Acceptable | |
| | S. POWERLINE ROAD, SUITE ANO BEACH FL 33069-4340 | 202 | 83 | | | |
| | | | | | | |
| | | | 84 | City | | FI 85 Zip Code |
| 11. Pursuant to | the provisions of Sections 807.05 | 02 and 607.1508, Floi | ida Statutes, the above r | namied corpor | ration submits this statement for the pur | pose of changing its registered office |
| or registere familiar witi | od agent, or both, in the state of Fig h, and accept the obligations of Sc | orida. Such change wa action 607.0505, Floric | is authorized by the corp. la Statutes. | oration's boar | re for straining this state here for the porprior of directors. Thereby accept the appo | bintment as registered agent. I am |
| SIGNATURE 👢 | | | LOS L PACANON | | | |
| ·· ·· · · · · · · · · · · · · · · · · | Signature, typed or print€n name of registered ag | ent and fit e Impplicable | (NOTE: Registered Agen | 1 ѕідтивите теорига | ol when remstating) | OAFE |
| 12 | OFFICERS A | AND DIRECTORS | 13. | | | OFFIG AND DUST OF DEG ULLIA |
| | | | | — — — т — | ADDITIONS/CHANGES TO OFFI | |
| fil.f | D BACANING CADI OG I | D | ELETE 1. 1 TATLE | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 Change Addition |
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4. 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 agricult 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 comporation 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 change the continuous analysis.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

* 29/2/96 × 30571682188