

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000022373 (1)

1. Corporation Name

GALA PROPERTIES, INC.

Principal Place of Business

3727 SW 8TH ST
SUITE 102
CORAL GABLES FL 33134

Mailing Address

3727 SW 8TH ST
SUITE 102
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1995

4. FEI Number

65-0571360

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

LAW OFFICES HUGO E DORTA PA
1001 S BAYSHORE DR SUITE 2706
MIAM FL 33131

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, SERAFIN M
STREET ADDRESS 3735 TAMIAM TRAIL 8TH ST-SUITE 208
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE VD
NAME CASTILLO, LORENZO
STREET ADDRESS 2760 SW 139 PL
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

TITLE VD
NAME ARAGON, HECTOR E
STREET ADDRESS 3735 TAMIAM TRAIL 8TH ST-SUITE 208
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE SD
NAME DORTA, HUGO E
STREET ADDRESS 1001 S BAYSHORE DR 27TH FLOOR
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE TD
NAME TORRE, AUGUSTIN L
STREET ADDRESS 1106 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

1/28/98

1/28/98 567-1707

CR2E034 (10/97)