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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

1	1996	DIVISION	OF CORPORATIONS		
DOCUN 1. Corporation	MENT # P950 0	00073721 (9)		
GALOW	& CO. INC			I (BBINGBL NO SUIGL CHAL BEILL GELL	I BONIA BONIA SERBO ANNI ABAM NGONI IABA NGONI
Principal Place	of Business	Mailing Address			
8427 NW 6811 Miami Fl 331	· ·	B427 NW 68TH ST Miami FL 33166			
		/ 2 T 2 S + P - R	255	3. Cate incorporated or Qualified 09/21/1995	3a. Date of Last Report
_2. Principal Pla 21	ce of Business	2a. Mailing Address 26		4. FEI Number 65 - 06	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Z ip	Country	28 Zip	Country	8. This corporation has liability for	intangible tax under s 199.032,
24	25	29	30		⊱ ∏ No
•	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New F	Registered Agent
010010					
GARGAGLIONE, ALFREDO 15625 SW 55 ST			dress (P.O. Box Number is Not Acceptable)		
MIAMI FL			83		
			84 City		85 Zip Code
	·· · · · · · · · · · · · · · · · ·				FL
or registere familiar with	of the provisions of sections of No. defagent, or both, in the State of Fig. a, and accept the obligations of, Se	orida. Such change was authoection 607.0505, Florida Statu	orized by the corporation's boiltes.	oration submits this statement for the pu and of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ag	ent and stie if applicable	(NOTE Registered Agent signature require	red when rons fahiligi	DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
THILE	P ARCACHONE ALERCDO	☐ DELETE	1. 1 TITLE		Change Addition
NAME STREET ADDRESS	GARGAGLIONE, ALFREDO 15625 SW 55 ST		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-7P	MIAMI FL 33185		1.4 CITY - ST - ZIP		
TITLE	V	DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME	VALLEJO, RAUL J		2.2 NAME		
STREET ADDRESS	6493 SW 152 PL		2.3 STREET ADDRESS		
CHY-ST-ZIP	MIAMI FL 33193	DELETE	2 4 CITY - SI - ZIF		FT Change FT Addition
TITLE	S THE CANDDA	DEFEAE	3 1 TITLE 3 2 NAME		Change Addition
NAME STREET ADDRESS	TULA, SANDRA 6493 SW 152 PL		3.2 NAME 3.3 STREET ADORESS		
CITY-ST-7:P	MIAMI FL 33193		3 4 CITY - ST - ZIF		
TITLE		DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY-ST-ZIP		C outs	4 4 CITY - ST - ZIF		[] (Shanna [] 4249
TITLE		☐ DELETE	5 1 TITLE		Change Addit.on
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CHY ST-ZIP			5 4 CITY-ST-ZIF		
TITLE		DELETE	& 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		1	6 4 CITY-ST-ZIP	5-11	05/0// 5: 12: 0
14. I do hereby certify that oath; that I appears in	r certify that the information supplied the information indicated on this all am an officer or director of the co- Block 12 or Block 13 if changed, or	trough the filter of voluntarily noual report or supplemental reporation or the receiver or filter or on an attachment with an a	turnished and does not qualify Innual report is true and accu- istee empowered to execute the address.	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	NUY(3)(K), Florida Statutes, I further e same legal effect as if made under lorida Statutes; and that my name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR