

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000088106 (6)**  
1. Corporation Name

**GALINA'S IMPORT-EXPORT, INC.**



Principal Place of Business: **1320 S. DIXIE HWY. SUITE 705 CORAL GABLES FL 33134**  
Mailing Address: **1320 S. DIXIE HWY. SUITE 705 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **11/16/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0631110** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **1320 S. Dixie Hwy #705**  
21. Suite, Apt. #, etc.  
22. City & State: **Coral Gables, FL**  
23. Zip: **33143** Country: **Dade**  
24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent: **CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE FL 32301**  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: **FL** 85. Zip Code

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PANINA, GALINA	
STREET ADDRESS	146 ROSALES COURT	
CITY-ST-ZIP	CORAL GABLES FL 33134 43	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRIDKIN, MIKHAIL	
STREET ADDRESS	15695 S.W. 76TH LANE, #102	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GAYON, OSVALDO	
STREET ADDRESS	9550 S.W. 36TH STREET #2	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD NICKOLAY PANIN
23 STREET ADDRESS	146 ROSALES CT
24 CITY-ST-ZIP	CORAL GABLES, FL 33143
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD ELIANA AIZENSHTAT
33 STREET ADDRESS	2780 NE 183 ST #PH2
34 CITY-ST-ZIP	MIAMI, FL 33160
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E. Aizenshtat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96 305-669-0084

CR2E034 (3/96)