## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088106 (6)

GALINA'S IMPORT-EXPORT, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

97 AUG 15 PM 12: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1320 S. DIXIE CORAL GABLE US	HWY SUITE 705 ES FL 33134	1320 S. DIXIE HWY., SUITE CORAL GABLES FL 33134 US	705	DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				11/16/1995	06/10/1996	
2. Principal Pl	ace of Business # SW 72 ST	26. Mailing Address 26. 627/ SW 7.	e st	4. FEI Number 65-0631110	Applied For Not Applicable	ole
Suite, Apt.		Suite, Apt, #, etc.  27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	1 gables Fl	City & State 28 CORAL SAL	41 1	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 53/	43 Country 25 USA	29 <b>53/43</b> 30	Country USA	This corporation owes or has pa Personal Property Tax due June		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	$\neg$
CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE FL 32301  81 Name Na fa   A Peles  Street Address (P.O. Box Number is Not Acceptable) 60.95 vo 184 V 5 apt 5 2 6  83  84 City/ia/ea/a FL 85 Zip Code 8 3 3 012						
11. Pursuent	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes.	the above-named	corporation submits this statement for the o		*.d
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.						
8 6 982						
SIGNATURE	Signature, typed of printed name of registered agent	t and title if applicable. (NOTE: R	egistered Agent signature	required when reinstating)	DATE	-
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
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NAME	AIZENSHTAT, ELANA		3.2 NAME	12750 NE 123 St #1904		
STREET ADDRESS	2780 N.E. 183RD STREET., #P	H2	3.3 STREET ADDRESS	N. Miami Plach, Fl 83/60	·DO ·	
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CITY-ST-ZIP	y partify that the information are all a	with this filing does not sucht.	6.4 CITY-ST-ZIP	totad in Section 110 07/37//\ Flacida Statuta	Lepos	$\mathbf{P}$
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.						