
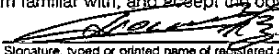
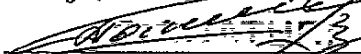


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 15 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 # P95000088106 (6) 1. Corporation Name GALINA'S IMPORT-EXPORT, INC.					
Principal Place of Business <del>6271 SW 72 ST</del> <del>APT C-2</del> <del>CORAL GABLES FL 33143</del> <del>US</del>			Mailing Address <del>6271 SW 72 ST</del> <del>APT C-2</del> <del>CORAL GABLES FL 33143</del> <del>US</del>		
2. Principal Place of Business 21 169 Sunny Isles Blvd Suite, Apt. #, etc. 22		2a. Mailing Address 26 169 Sunny Isles Blvd Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 11/16/1995	
23 North Miami Beach, FL City & State 24 33160 Zip 25 USA Country		28 North Miami Beach, FL City & State 29 33160 Zip 30 USA Country		4. FEI Number 65-0631110 Applied For Not Applicable	
9. Name and Address of Current Registered Agent PEREZ, NATALIA 8095 W 18 AVE APT S228 HIALEAH FL 33012				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent 81 Name Nikolay Panin 82 Street Address (B.O. Box Number is Not Acceptable) 146 Rosales Ct. 83 84 City Coral Gables FL 85 Zip Code 33143	
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 1/5/98					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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:  REQUIRED

1/5/98 944-3400

CR2E034 (10/97)