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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

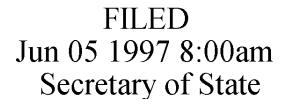
SecAstary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600008956 (0)

GALIB ENTERPRISES INC.

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Principal Plac	e of Business	Mailing Address					- T TO BEHIND IN TOUCH BUILD CONTROLLED FOR SOME SOUR BUILD FOR BUILD AND SOUR BUILD FOR SUMMER SOUR AND SOUR				
3333 WEST AT POMPANO BEA	LANTIC BLVD. UNIT 33 ACH FL 33379	3333 WEST ATLANTIC BLVD. UNIT 33 POMPANO BEACH FL 33069-2554									
							3. Date Incorporated or Qualified 01/29/1996	3a. Dato	of Last Report		
2. Principal P	lace of Business	2a.	2a. Mailing Address				4. FEI Number		Applied For		
ब्री		26					65-064-0303	Not Applicable			
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country 25	29	Zip	Country 30			8. This corporation has liability for in Florida Statules	ntangible ta			
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
FILINGS, INC.					11	Name					
3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311						Street Address (P.O. Box Number is Not Acceptable)					
101	II AIABCIDIRE I F AAA I		83								
					14	City		FL.	85 Zip Code		
						18 AT			· · · · · · · · · · · · · · · · · · ·		

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

12.	Signature, typed or printed name of registered agent and title diapple.  OFFICERS AND DIRECTORS		Higgistored Agent is gnature requi	ned when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 1ITLE		Change	Addition
iame	LIBERTADOR, GABRIEL		1.2 NAME			
TREET ADDRESS	3333 WEST ATLANTIC BLVD. UNIT 33		1.3 STREET ADDRESS			
ITY-ST-ZIP	POMPANO BEACH FL 33379		1.4 CHY-ST-7IP			
ITLE		DELETE	2.1 TITLE		Change	Addition
ame			2.2 NAME			
TREET ADDRESS			2.3 STREET ADDRESS			
ITY-ST-ZIP			2. 4 CITY-ST-7IP			
TLE		DEFETE	3.1 TITLE		Change	Additio
VME			3.2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
ITY-ST-ZIP			3.4. CITY- ST-7IP			
TLE		☐ DELFTE	4.1 TITLE		Change	☐ Addilio
AME			4. 2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			
ITY-ST-ZIP			4.4 CITY - ST - ZIP			
ITLE	•	DELETE	5.1 1111.6		Change	Addition
AME			5.2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			
ITY-ST-ZIP			5 4 CITY - S1 - ZIP			
TLE		☐ DELETE	6171111		Change	Additio
IAME			6.2 NAME			
TREET ADDRESS			6.3 STREET ADDRESS			
			0.4.0.71/. 07. 7/0			

14. Ido 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.

1/20/02 (954) 1/28-4890