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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091774 (5)

G.A.L. ENTERPRISES, INC.

FILED
Mar 13 1998 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address			i realièm ain laine drint Abist Abis	101 10 011 10 0(1 0104 FD#1
4705 SW 90TH AVE.		4705 SW 90TH AVE.				
MIAMI FL 33165		MIAMI FL 33165		DO NOT WRITE IN THIS SPA	ACE.	
					3. Date Incorporated or Qualified	OL
					11/07/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0713761	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			8.75 Additional	
22		27			Certificate of Status Desired []	Fee Required
City & State		City & State				\$5.00 May Be
Zip	Country	7 _{(p}	Country	·	Trust Fund Contribution	Added to Fees
24	25	i ken 'i k	30]	,	This corporation owes or has paid the current Personal Property Tax due June 30.	
	9. Name and Address of Curre		301		10. Name and Address of New Registered Age	
LIA	NG, ANGEL		B1	Name		
	05 SW 90TH AVE.		82	Street Art	dress (P.O. Box Number is Not Acceptable)	
M/	AMI FL 33165		102	Ollege Add	oress (F.O. Box Number is Not Acceptable)	
]			83			
l			84	City	· ·	35 Zip Code
L				1	┡┺	1 '
11. Pursuant i	to the provisions of Sections 607 05 egistered agent, or both, in the Stat	-02 and 607.1508, Florida Statute	s, the above	e-named cor	rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appoint	anging its registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statute	s.	ations board of directors, i hereby accept the appoint	Dereisiger as mem.
SIGNATURE	<u>.</u>					
12.	Signature, typed or printed came of registered as CELLICITIES: At	pent and title it applie able (NOTE: ND DIRECTORS	Bigistored Age	ent signature requ	uirad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DI	DECTORS IN 40
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	LIANG, ANGEL		1.2 NAME			orlange
STREET ADDRESS	4705 SW 90TH AVE.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165			ST-ZIP		
TITLE	VD	DELETE	21 TITLE	-		Change Addition
NAME	LIANG, RONG S		22 NAME			•
STREET ADDRESS	4705 SW 90TH AVE. 23		23 STHEET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	65		ST-ZIP		·
TALE		☐ DELETE	31 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
City-St-ZiP			3 4. CITY-1	ST - ZIP		
TITLE		DELETE	4.1 TITLE		لــا	Change L Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	1	•	
CITY-ST-ZIP TITLE			4.4 CITY - S	T-ZIP		Change Addis
NAME		£.1 Detest	5.1 TITLE		!!	Change
STREET ADORESS			5.2 NAME	*DDDCCC		
CITY-ST-ZIP			5.3 STREET			
TITLE		DECETE	54 CITY-S 61 TITLE	1 - 515,	[7	Change Addition
NAME			6.2 NAME	l		
STREET ADDRESS			6.3 STREET	ADDRESS		

14. Thereby 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 eath; that I am an officer or director of the corporation or the receivery or trusted 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 grant-highly with an address.

Angel Liang