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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90090 022 \*\*\*150.00

0039288

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000091774

1. Corporation Name  
**G.A.L. ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 4705 SW 90TH AVE.  
 MIAMI FL 33165

Mailing Address  
 4705 SW 90TH AVE.  
 MIAMI FL 33165

3. Date Incorporated or Qualified  
**11/07/1996**

2. Principal Place of Business  
 21 1725 S. Federal Highway  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 Suite, Apt. #, etc.

4. FEI Number  
**65-0713761**

Applied For  
 Not Applicable

22 City & State  
 23 Delray Beach, FL

27 City & State  
 28

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 City & State  
 24 33483 25 USA 29

28 City & State  
 29 Zip Country 30

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIANG, ANGEL  
 4705 SW 90TH AVE.  
 MIAMI FL 33165

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------|---|--|
| TITLE                      | PD                | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LIANG, ANGEL      | 1.2 NAME  | ENG, ANGEL LIANG   |
| STREET ADDRESS             | 4705 SW 90TH AVE. | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33165    | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LIANG, RONG S     | 2.2 NAME  |  |
| STREET ADDRESS             | 4705 SW 90TH AVE. | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33165    | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 3.2 NAME  |  |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 4.2 NAME  |  |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 5.2 NAME  |  |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 6.2 NAME  |  |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 6.4 CITY-ST-ZIP                                       |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *X Angel Liang* SIGNATURE REQUIRED Angel Liang Eng 4/15/99 (561)278-6225  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)