## 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

i.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000094548 (0)

GALERIA EMILIO NAVARRO, INC.

APPROVED AND FILED

97 SEP 26 PM 2: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	e of Business	Mailing Address			
2600 DOUGLAS ROAD PENTHOUSE 10 2600 DOUGLAS ROAD PENTHOUSE 10			THOUSE 10		
CORAL GABLES FL 33134		CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/19/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 779	_N.E. 125 ST	26 779 N.E	, 125 57	65-0736892	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Nord	A MIAMI Fr.	28 NORTH MIN	om, FL.	Trust Fund Contribution	Added to Fees
Zip	Country	70221//	Country	8. This corporation owes or has paid	
24 331		.1501	の ひられ.	Personal Property Tax due June 3	
	9, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
HENNANDEZ, FERNANDO ESC.					
CORAL GABLES FL 33134			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
44 Durement	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named co	rooration submite this statement for the nu	repose of changing its registered
office or re agent. La	egistered agent, or both, in the State of mailiar with, and accept the obligat	If Florida, Such change was autions of, Section 607,0505, Flori	thorized by the corporate Statutes.	rporation submits this statement for the pu alion's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOTE: F	Rogistored Agent signature req	uired when reinstaling)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	NAVARRO, EMILIO		1.2 NAMÉ		
STREET ADDRESS	2600 DOUGLAS ROAD PENTH	OUSE 10	1.3 STREET ADDRESS		ļi
CITY - ST - ZIP	CORAL GABLES FL 33134		1.4 CITY - ST - ZIP	500002: -09/29/ *******	3062859
TITLE		DELETE	2.1 TITLE	-09/29/	[97-01 Penpe00 Position ]
NAME			2.2 NAMÉ	<b>泰和米米</b> 55	0.00 ****550.00
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Driese	2. 4 CITY-ST-ZIP		Change   Addition
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		- Deteri	4.1 IIILE 4.2 NAME		C Sumany C Recorded
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		ļ.
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	A 1 1	المالوسية المالوسية المالوسية المالوسية
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	(A a \ 2.b	
			<i>N</i>	[ VY V	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	<u> </u>	Change Addition
			6.2 NAME	-	Orango La Maridii
NAME					I
STREET ADDRESS			63 STREET ADDRESS		

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; the amon officer or director of the corporation or the receiver or trust of 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.

EMILIO NAVAREO