

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90184 040 ***150.00

DOCUMENT # P97000014166

1. Corporation Name
GALVEZ ENTERPRISES, INC.

Principal Place of Business
16901 S. DIXIE HWY
MIAMI FL 33157

Mailing Address
16901 S. DIXIE HWY
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1997

4. FEI Number
65-0728356

Applied For
Not Applicable

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

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

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALVEZ, IBRAHIM JR.
8285 W. 18TH LANE DR.
HIALEAH FL 33014

81 Name
NICOLAS MENDIZABAL

82 Street Address (P.O. Box Number is Not Acceptable)
4350 N BAY ROAD

84 City
MIAMI BEACH

85 Zip Code
FL 33140

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☒ DELETE
NAME GALVEZ, IBRAHIM A JR.
STREET ADDRESS 8285 W. 18 LN.
CITY-ST-ZIP HIALEAH FL 33142

TITLE D ☒ DELETE
NAME GALVEZ, IBRAHIM A JR.
STREET ADDRESS 8285 W. 18 LN.
CITY-ST-ZIP HIALEAH FL 33142

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME NICOLAS MENDIZABAL
1.3 STREET ADDRESS 4350 N. BAY ROAD
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

2.1 TITLE VSTD ☐ Change ☒ Addition
2.2 NAME ELOY GARCIA
2.3 STREET ADDRESS 976 S.W. 180 TERR.
2.4 CITY-ST-ZIP PEMBROKE PINE, FL 33029

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/27/99

CR2E034 (11/98)

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