

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

AMENDED
PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000048046

1. Corporation Name

GALVAO & ARROYO ASSOCIATES, INC.

Principal Place of Business Mailing Address
610 SW 68 Terrace 610 SW 68 Terrace
Pembroke Pines, FL 33023 Pembroke Pines FL
33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/97

4. FEI Number

N/A

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

MEHMOOD, AMY
610 SW 68 Terrace
Pembroke Pines FL 33023

10. Name and Address of New Registered Agent

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

Type and type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12 OFFICERS AND DIRECTORS

/P/S
Arroyo, Jose L
3901 NW 145 Street, Bldg. 147
Opa Locka, FL 33054 ☒ DELETE
D/VP
Galvao, Antonio N.
3901 N.W. 145 Street, #147
Opa Locka, FL 33054 ☐ DELETE
D
Arroyo, Jose L
3901 NW 145 Street, Bldg. 147
Opa Locka, FL 33054 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/S ☒ Change ☐ Addition
12 NAME Villamar, Jr., Hector E.
13 STREET ADDRESS 122 Minorca Avenue
14 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☐ Addition
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME 200003033172--0
33 STREET ADDRESS -11/02/99--01104--007
34 CITY-ST-ZIP *****61.25 *****61.25
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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
provided in 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:

Hector E. Villamar, Jr., President

10/27/99

305-569-0150

Date

Daytime Phone #

CR2E034 (11/98)