SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9700062050 (4)

GALINDO ASSOCIATES INC.

FILED
Jul 29 1998 8:00am
Secretary of State

			1 0 0 0 0 0 0 0 0 0	BAILD BEIFA I I BEI KAITE BEICK MARK IMAL
Principal Place of Business	Mailing Address	713 NW 97	FACTOR OF THE PROPERTY OF THE	BAILE MÍOID 11810 BBIÐI ÆIJLE ÆBLI JÓÐL
Length Committee Centre	1885 BOYAL CALD BYLO	٦ -	temple	
Principal Place of Business 1713 NW 97th Wash Dyan Park Park CORAL SPRINGS FL #0551 33 07 1 CORAL SPRINGS FL #0551 33 07 1 CORAL SPRINGS FL #0551 33 07 1		33071	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			07/17/1997	····
2. Principal Place of Business 1	2a. Mailing Address 26 ///3 NW	971H TORK	4. FEI Number 769520	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Spale 31 SILINGS	28 City & SoleAL 9	PHN69	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29 FL 3	Country 0	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
9. Name and Address of Current		10. Name and Address of New Registered Agent		
GALINDO, MARTHA WASS PROYALPALM BYLD 1713 NW 97 th TERRACE 81 Name GALINDO MARTHA 82 Street Address (P.O. Box Number is Not Acceptable)				
11986 ROYAD PALM BY 10 (713 NW 4 1 12 HOA(E 82 Street Address (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 380650 83				
3307/ B4 City Oval Springs FL B5 Zip Code 3307/				
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 12. OFFICERS AND DIRECTORS		Registered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
			P	
NAME GALINDO, MARTHA 17	3 NW 97 thekmer	1.2 NAME	MARTHA E GALINDO	_
STREET ADDRESS 11865 ROXAL RALM BYLD, 1210	1 1 mile	1.3 STREET ADDRESS	1713 NW97 th tearact	e.
CITY-ST-ZIP CORAL SPRINGS FL 32053	3 3 0 7 1	1.4 CITY-ST-ZIP	Coral Springs, FL.	33071
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		_ • ·
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		-1
TITLE	DELETE	3.1 TITLE	-	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 2 CTDEET ADDDESS		

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 superior dotal 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 in additional report is true and accurate and that my name appears in Block 12 or Block 13 if changed or in additional report is true.

CNATURE. 1/2014 A 1/2014 F GALINA 7/3 /48 (954) 255-5141

3.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

32E034 (5/98)

Change Addition

Change

1000025044**1**Change Addition

-07/31/98--01083--0**1**3

***150.00





7771 West Oakland Park Boulevard • Atrium West • Suite 142 Sunrise, Florida 33351 Tel.: (954) 572-7171 • FAX: (954) 741-4076

Corporate Records Bureau Annual Report Section PO Box 6327 Tallahassee, Florida 32314

Re: Galindo Associates, Inc.

Dear Gentlemen:

I am the new accountant for the above named entity. Please note that the corporation did not receive the pre-printed form in a timely manner. The Corporation has changed its mailing address, as noted on the annual report. Pursuant to a telephone conversation with your office, enclosed please find the completed annual report with the filing fee for \$150.00.

Thank you for your attention to this matter.

Member: American Institute of Certified Public Accountants • Florida Institute of Certified Public Accountants