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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 20 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000069273 (5)

1. Corporation Name
GALF, INC.

Principal Place of Business	Mailing Address
848 BRICKELL AVE., STE. 400 MIAMI FL 33131	848 BRICKELL AVE., STE. 400 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1997

2. Principal Place of Business	2a. Mailing Address
21 10690 S.W. 8 ST	26 10690 S.W. 8 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL	28 City & State: MIAMI FL
24 Zip: 33174 25 Country: MIAMI-DADE	29 Zip: 33174 30 Country: MIAMI-DADE

4. FEI Number: 65-0776676 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHARCHAT, STEVEN M 848 BRICKELL AVE., STE. 400 MIAMI FL 33131	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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	VERGANI, FRANCESCO		1.2 NAME	VERGANI FRANCESCO	
STREET ADDRESS	848 BRICKELL AVE., STE. 400		1.3 STREET ADDRESS	445 GRAND BAY DR AP-314	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	☐ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	VERGANI, GIULIO		2.2 NAME	VERGANI GIULIO	
STREET ADDRESS	848 BRICKELL AVE., STE. 400		2.3 STREET ADDRESS	745 CURTISWOOD DR	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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.

SIGNATURE: _____

MIAMI, 7/1/98

WE SPOKE WITH MR SAMMY CALDWALL AND HE TOLD US HE WILL RECOMEND THAT OUR REASON FOR BEING LATE BE ACEPTED. WE ARE SENDING ALL THE DOCUMENTS WITH THE CHECK IN THE AMMOUNT OF $1500

THANKS