

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).

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PROFIT CORPORATION ANNUAL REPORT 1998-99

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

DOCUMENT # P97000073132 (7)

1. Corporation Name
GALT TRADING CORP.

99 APR -9 PM 1:24

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business
% UNITED CORPORATE SERVICES INC
801 N.E. 167TH STREET SUITE 300
NORTH MIAMI BEACH FL 33162

Mailing Address
% UNITED CORPORATE SERVICES INC
801 N.E. 167TH STREET SUITE 300
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 420 E 54th St.
27 Suite, Apt. #, etc.
28 City & State
29 New York NY
30 Zip 10022 Country USA

3. Date Incorporated or Qualified
08/22/1997

4. FEI Number
65-0778609

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 owns or has paid the current year's Intangible Personal Property Tax due June 30
Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

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 fee if applicable

12. OFFICERS AND DIRECTORS

TITLE	President	[] DELETE
NAME	Robert Bliss	
STREET ADDRESS	2 Wimbledon Cr.	
CITY-STATE-ZIP	Woodbury, NY 11797	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY-STATE-ZIP
19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-STATE-ZIP
23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY-STATE-ZIP
27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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: Robert Bliss 12-15-98 (212) 585-1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)