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

SIGNATURE:

May 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P97000099969 1. Corporation Name GALEAS ENTERPRISES, INC. Principal Place of Business Mailing Address 2055 N.W. 22ND AVE. 2055 N.W. 22ND AVE. DO NOT WRITE IN THIS SPACE MIAMI, FL 33142 MIAMI, FL 33142 3. Date Incorporated or Qualified 11/24/97 2. Principal Place of Business 2a. Malling Address FEI Number Applied For 65-0801394 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired \$8.75 Additional 27 Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution 28 Added to Fees Zip Zip Country This corporation owes or has paid the current year intengible Personal Property Tax due June 30. X Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SAUL GALEAS 82 Street Address (P.O. Box Number is Not Acceptable) 2055 N.W. 22ND AVENUE 83 MIAMI, FL 33142 City 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 Fiorida. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97) PRESIDENT TITLE DELETE 1.1 TITLE Change SAUL GALEAS NAME 1.2 NAME STREET ADDRESS 2055 N.W. 22ND AVE.
OTY-ST-ZIP MIAMI, FL 33142
TILE VICE-PRESIDENT D 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE Change Addition MARTA GALEAS NAME 2.2 NAME STREET ADDRESS 2055 N.W. 22ND AVE. 2.3 STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33142 2.4 OTY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 42 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS OTTY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition 30000252416 NAME 62 NAME -05/14/98--01111--007 STREET ADDRESS 6.3 STREET ADDRESS OTY - ST - ZIP 6.4 CITY - ST - ZIP ***150.00 Thereby 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 popprt or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 of inged at on the attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

FILED