**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 29, 1999 8:00 am Secretary of State 03-29-1999 90075 031 \*\*\*150.00

DOCUMENT # P980000	U15638		_	1 1				
1. Corporation Name GALVA ENTERPRISE, INC								
GALVA ENTENENDE, INC				THE REPORT OF TREE CORE OF CHA	ORINI ORINI ORNALI IJ	181 ANDE A	100 (100 (20)	
Principal Place of Business	Mailing Address			- FESTITEDS THE LEGISLE SERVICE BROWN	ETIN <b>OTHU FOND</b> I (1	10) MILE 1	1700 J1101 1011 1001	
641 E 17TH ST	641 E 17TH ST							ı
HIALEAH FL 33010	HIALEAH FL 33010			DO NOT WE	RITE IN THIS S	PACE		
				3. Date Incorporated or Qualifer		JI MOL		1 :
e war in the second of the second				02/16/1998				1
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0832	<u> </u>		Applied For	]
21	26			65-0832	950		Not Applicable	-{
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Regulred	}
22 City & State	27 City & State		<del></del>	6. Election Campaign Financing	,		O May Be	.
23.	28			Trust Fund Contribution	<b>'</b> 🗅		d to Fees	1
Zip Country	Zip	Country		8. This corporation owes the cu	rrent year Inta			1
24 25	<u> </u>	30		Personal Property Tax.		Yes	□No	4
9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New	Registered A	gent		1
ALMEDO, MANUEL M		°']	Name					1
641 E 17TH ST		82	Street Addre	ess (P.O. Box Number is Not Accep	otable)			
HIALEAH FL 33010		B3				_		1
·			<b>6</b> ''			85 Zi	D Code	4
		84	City		FL		•	J
							/a	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statuti	es, the above	-named corpo	pration submits this statement for the	e purpose of d	manging tmentas	registered	
office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligation	and 607.1508, Florida Statuti f Florida, Such change was a ons of, Section 607.0505, Flor in the statution of the statution o	es, the above uthorized by t rida Statutes.	-named corpo he corporation	oration submits this statement for the n's board of directors. I hereby acc	e purpose of o ept the appoin	manging tment as	registered	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligative SIGNATURE						ment as	registered	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent	-named corporation the corporation signature required		DATE			(98)
SIGNATURE	and title if applicable. (NOTE			when remateling)	DATE		TORS IN 12	(11/98)
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND	and title if applicable. (NOTE:  DIRECTORS  DELETE	Registered Agent		when remateling)	DATE	DIREC	TORS IN 12	34 (11/98)
SIGNATURE Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE PRESIDENT  NAME MANUEL M. ALMEI  STREET ADDRESS GUI E 17th STreet	and title if applicable. (NOTE:    DIRECTORS   DELETE    DOLETE	Registered Agent 13. 1.1 TITLE	signature required	when remateling)	DATE	DIREC	TORS IN 12	2E034 (11/98)
SIGNATURE  Signature, typed or printed name of regulared agent  12. OFFICERS AND  TITLE PRESIDENT  NAME MANUEL M. ALMER  STREETADORESS GUI E 17th STree  CITY-ST-ZEP HIALEMH, FL 330	and title if spolicible. (NOTE:    DIRECTORS   DELETE    DELETE    DELETE    DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	signature required	when remateling)	DATE	DIREC Chang	TORS IN 12 Be Addition	CR2E034 (11/98)
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE PRESIDENT  MANUEL M. ALMER  STREET ADDRESS GHIE 17th STrE  CITY-ST-ZIP HIALENH, FL 330  TITLE	and title if applicable. (NOTE:    DIRECTORS   DELETE    DOLETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	signature required  ADDRESS	when remateling)	DATE	DIREC	TORS IN 12 Be Addition	_CR2E034 (11/98)
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE PRESIDENT  MANUEL M. ALMER  STREET ADDRESS GHIE 17th STrE  CITY-ST-ZIP HIALENH, FL 330  TITLE  NAME	and title if spolicible. (NOTE:    DIRECTORS   DELETE    DELETE    DELETE    DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME	ADDRESS	when remateling)	DATE	DIREC Chang	TORS IN 12 Be Addition	CR2E034 (11/98)
SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PRESIDENT  NAME  MANUEL M. ALMER  STREET ADDRESS  GHIE 17th STreet  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	and title if spolicible. (NOTE:    DIRECTORS   DELETE    DELETE    DELETE    DELETE	Registered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET.	ADDRESS - ADDRESS	when remateling)	DATE	DIREC Chang	TORS IN 12 Be Addition	CR2E034 (11/98)
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE PRESIDENT  MANUEL M. ALMER  STREET ADDRESS GHIE 17th STrE  CITY-ST-ZIP HIALENH, FL 330  TITLE  NAME	and title if spolicible. (NOTE:    DIRECTORS   DELETE    DELETE    DELETE    DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME	ADDRESS - ADDRESS	when remateling)	DATE	DIREC Chang	TORS IN 12 ps Addition	
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SIGNATURE  SIGNATURE  SIGNATURE  PRESIDENT  NAME  MANUEL M. ALMER  STREET ADDRESS  GHIE 17th STrE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	and title if applicable. (NOTE:  D DIRECTORS  DELETE  DO  DELETE  DELETE	13, 11TLE 12 NAME 23 STREET 24 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 3.5 STREET 3.4 CITY-ST 3.5 STREET 3.6 CITY-ST	ADDRESS -ADDRESS -ADDRESS -ADDRESS -ADDRESS	when remateling)	DATE	DiREC Chang	TORS IN 12 ps	
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SIGNATURE  SIGNATURE  PRESIDENT  MAME  MANUEL M. ALMER  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	O DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	13, 1.1 ITILE 12 NAME 13 STREET 14 CITY-ST 2.1 ITILE 22 NAME 23 STREET 2.4 CITY-ST 3.1 TITLE 32 NAME 33 STREET 4.2 CITY-ST 5.1 ITILE 52 NAME 53 STREET 5.4 CITY-ST 5.1 ITILE 5.1 ITILE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.1 ITILE 5.3 NAME 5.3 STREET 5.4 CITY-ST 5.1 ITILE 5.4 CITY-ST 5.5 ITILE	ADDRESS - ZIP - ADDRESS - ZIP	when remateling)	DATE	DOREC Chang	TORS IN 12  pa	

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 of 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 application with an address, with all other like empowered.

AT MAN DE QALPIES OF PRINTED NAME OF SIGNING OFFICER OR OFFICER OR OFFICER