

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90135 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000096086

1. Corporation Name
GALAXY GROUP USA, INC.

Principal Place of Business
2246 NW 82ND AVENUE
MIAMI FL 33122

Mailing Address
2246 NW 82ND AVENUE
MIAMI FL 33122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0875472	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent																			
DELGADO, JUAN CARLOS 7450 SW 132ND MIAMI FL 33183		<table border="1"> <tr> <td>81</td> <td>Name</td> <td>Tomas E. Peralta</td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td>7135 S.W. 152 Ct</td> </tr> <tr> <td>83</td> <td></td> <td></td> </tr> <tr> <td>84</td> <td>City</td> <td>Miami</td> </tr> <tr> <td></td> <td>State</td> <td>FL</td> </tr> <tr> <td>85</td> <td>Zip Code</td> <td>33193</td> </tr> </table>		81	Name	Tomas E. Peralta	82	Street Address (P.O. Box Number is Not Acceptable)	7135 S.W. 152 Ct	83			84	City	Miami		State	FL	85	Zip Code	33193
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83																					
84	City	Miami																			
	State	FL																			
85	Zip Code	33193																			

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, JUAN CARLOS	1.2 NAME	Tomas E. Peralta
STREET ADDRESS	7450 SW 132ND AVENUE	1.3 STREET ADDRESS	7135 S.W. 152 Ct.
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	Miami, FL 33193
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ESPERANZA M	2.2 NAME	
STREET ADDRESS	7450 SW 132ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 (305) 418-4731

Date

Daytime Phone #

CR2E034 (1/98)