## 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

POCUMENT # S12832

LOS GALLEGOS, INC.

## **FILED** Apr 15 1998 8:00am Secretary of State

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| Principal Place of Business Mailing Address   |   |                             |                                |                                | <b>                                    </b>  | AT DIE WEIGHT DIE          | [][ <b>418</b> 8 4 <b>8</b> 5] |                              |
|---|---|-----------------------------|--------------------------------|--------------------------------|--|----------------------------|--------------------------------|------------------------------|
| 11425 S.W. 40 ST  |   |                             |                                |                                | DO NOT WRITE IN THIS SPACE   |                            |                                |                              |
|   |   |                             |                                |                                | 3. Date Incorporated or Qualified  |                            |                                |                              |
| Ordenia Diago of Duniago  | 20 Mailley Address  |                             |                                |                                | 11/15/1990<br>4. FEI Number  |                            |                                | U 1.80                       |
| 2. Principal Place of Business 21   | 2a. Mailing Address   |                             |                                |                                | · ·  |                            |                                | pplied For                   |
| 21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.   |   |                             |                                |                                | 65-0266173   |                            |                                | ot Applicable Additional     |
| 22  | 27  |                             |                                |                                | 5. Certificate of Status Desired   |                            |                                | Required                     |
| I City & State  |   |                             |                                |                                | 6. Election Campaign Financing   |                            | \$5.00                         | May Be                       |
| 23  | 28  |                             |                                |                                | Trust Fund Contribution  |                            | Added                          | to Fees                      |
| Zip Country   | Zip   | ·                           |                                |                                | 8. This corporation owes or has pa   |                            |                                |                              |
| 25<br>9. Name and Address of Curre  | nt Registered Agent   | 30                          |                                |                                | Personal Property Tax due June 10. Name and Address of New Re                        |                            |                                | ] No                         |
| MUINOS, MIGUEL  | itt registeled Agent  | 81                          |                                | Name                           | TO. Hame and Address of New Ne   | gistorou A                 | Agus                           |                              |
| 5400 S.W. 104TH AVE.  |   | -                           | -                              | O                              | (DO D. N   | eles .                     |                                |                              |
| MIAMI FL 33165  |   | 82                          | •                              | Street Addre                   | ss (P.O. Box Number is Not Accepta   | DIB)                       |                                |                              |
| (1111 (111) 1 2 0 1 0 0   |   | 83                          | 1                              |                                |  |                            | A                              |                              |
|   |   | 84                          | +                              | City                           |  |                            | <b>85</b> Zip                  | Code                         |
|   |   |                             |                                |                                |  | <u> </u>                   |                                |                              |
| 11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stati   | e of Florida. Such change was a   | authorized b                | v tl                           | named corpo<br>he corporatio   | oration submits this statement for the pon's board of directors. I hereby acce       | ourpose of o               | changing i                     | its registered<br>registered |
| agent. I am familiar with, and accept the obliq   | gations of, Section 607.0505, Flo   | orida Statute               | s.                             |                                | ·  | ,                          |                                |                              |
| SIGNATURE Signature typed or printed narrar of registered as  | NOT   | F: Boolelared An            | loot                           | cional se teorise              | d when reinstating)  | DATE                       |                                |                              |
|   | ND DIRECTORS  | 13.                         | Ca IC                          | aignatoro regono.              | ADDITIONS/CHANGES TO OFFI  |                            | DIRECTO                        | RS IN 12                     |
| TITLE PVST  | PVST DELETE 1.11  |                             | 1.1 TITLE                      |                                |  | · I                        | Change                         | ☐ Addition                   |
| NAME MUINOS, MIGUEL   |   | 1.2 NAME                    |                                |                                |  |                            |                                |                              |
| STREET ADDRESS 5400 S.W. 104TH AVE.   |   |                             | 1 AC                           | DORESS                         |  |                            |                                |                              |
| CITY-ST-ZIP MIAMI FL  | 1.4 (   |                             | ST                             | 21P                            |  |                            | <del></del>                    |                              |
| TITLE   |   |                             | 21 TITLE                       |                                |  | ι                          | Change                         | Addition                     |
| NAME<br>STREET ADDRESS  | j   |                             | 2.2 NAME<br>2.3 STREET ADDRESS |                                |  |                            |                                |                              |
| CITY-ST-ZIP   | 2.3   |                             |                                |                                |  |                            |                                |                              |
| TITLE   | DELETE 3.1  |                             |                                | ZIF                            |  |                            | Change                         | Addition                     |
| NAME  |   | 3.2 NAME                    |                                |                                |  |                            | _ •                            |                              |
| STREET ADDRESS  |   | 3.3 STREET                  | T AD                           | ODRESS                         |  |                            |                                |                              |
| CITY-ST-ZIP   |   | 3.4. CITY-                  | ST-                            | ZIP                            |  |                            |                                |                              |
| TITLE   | ∐ DELE <b>t</b> e   | 4.1 TITLE                   |                                |                                |  | l                          | Change                         | Addition                     |
| NAME  |   | 4. 2 NAME                   |                                |                                |  |                            |                                |                              |
| STREET ADDRESS  |   | 4 3 STREET                  |                                |                                |  |                            |                                |                              |
| CITY-ST-ZIP   | DELETE  | 4.4 City - 9<br>5.1 Title   | ST-                            | ZIP                            |  |                            | Change                         | Addition                     |
| NAME  |   | 5.1 INLE<br>5.2 NAME        |                                |                                |  |                            |                                | ☐ Kodilion                   |
| STREET ADDRESS  |   | 5.3 STREET                  |                                | nneess                         |  |                            |                                |                              |
| CITY-ST-ZIP   |   | 5.4 CITY - S                |                                |                                |  |                            |                                |                              |
| TITLE   | ☐ DELETE  | 6.1 TITLE                   | <u> </u>                       |                                |  |                            | Change                         | Addition                     |
| NAME  |   | 6.2 NAME                    |                                |                                |  |                            |                                |                              |
| STREET ADDRESS  |   | 6.3 STREET                  | T AD                           | ODRESS                         |  |                            |                                |                              |
| CITY-ST-ZIP   |   | 6.4 CITY - S                | s1-7                           | ZIP                            | 710 67/01/15 = 71  | <del>,_</del> ,            |                                |                              |
| <ol> <li>I hereby certify that the information supplied vindicated on this annual report or supplement<br/>officer or director of the corporation or the rec</li> </ol> | with this filing does not <b>qualify</b> fo<br>(al annual report is true a <b>nd a</b> cc | or the exemp<br>cure and th | otio<br>nat                    | in stated in S<br>my signature | lection 119.07(3)(i), Florida Statutes. I<br>e shall have the same legal effect as i | turther cert<br>f made und | ity that the<br>er oath; th    | e information<br>at I am an  |
| officer or director of the corporation of the rec<br>Block 12 or Block 13 if changed, or on an aya  | ceiver er truster empowered to achment with an address.                                   | ocule this                  | rep                            | port as requi                  | red by Chapter 607, Florida Statutes;  | and that m                 | y name ap                      | pears in                     |