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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:24

DOCUMENT # S16609 (7)

1. Corporation Name
GALEON CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~P.O. BOX 630917~~<br>~~MIAMI FL 33163~~ | P.O. BOX 630917<br>MIAMI FL 33163 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 12/06/1990 | 3a. Date of Last Report: 04/01/1994 |
| 2. Principal Place of Business (21): 3079 NE 163 STREET | 2a. Mailing Address (26): |
| Suite, Apt. #, etc. (22): | Suite, Apt. #, etc. (27): |
| City & State (23): NO. MIAMI BEACH, FL | City & State (28): |
| Zip (24): 33160 Country (25): USA | Zip (29): Country (30): |
| 4. FEI Number: 65-0229863 | ☐ Applied For ☐ Not Applicable |
| 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

~~PREMIER ASSET MANAGEMENT~~
~~3049 NE 163RD ST~~
~~NO MIAMI BCH FL 33160~~

**10. Name and Address of New Registered Agent**

81 Name: PREMIER ASSET MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 3115 NE 163 STREET
83:
84 City: NO. MIAMI BEACH FL 85 Zip Code: 33160

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: JACK AZOUT, PRES. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/10/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~P~~ | 11 TITLE | P/D ☒ Change ☐ Addition |
| NAME | ~~AZOUT, JACK~~ | 12 NAME | AZOUT, JACK |
| STREET ADDRESS | ~~3802 NE 207TH CT. #1502~~ | 13 STREET ADDRESS | 3802 NE 207 STREET #1502 |
| CITY-ST-ZIP | ~~NO MIAMI BCH FL~~ | 14 CITY-ST-ZIP | NO. MIAMI BEACH, FL 33180 |
| TITLE | ~~S~~ | 21 TITLE | S/D ☒ Change ☐ Addition |
| NAME | ~~AZOUT, GILDA~~ | 22 NAME | AZOUT, GILDA |
| STREET ADDRESS | ~~3802 NE 207TH CT #1502~~ | 23 STREET ADDRESS | 3802 NE 207 STREET |
| CITY-ST-ZIP | ~~NO MIAMI BCH FL~~ | 24 CITY-ST-ZIP | NO. MIAMI BEACH, FL 33180 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

**SIGNATURE:** JACK AZOUT, PRES. 2/10/95 (305) 935-5175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200784 CP