

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995/1996



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

DOCUMENT # **S31331** (9)

1. Corporation Name
GAL COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
2667 SW 69 CT. MIAMI FL 33155 **2667 SW 69 CT. MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **18524 NW 67 AVE** 26 **18524 NW 67 AVE**
State: Apt. #, etc. State: Apt. #, etc.
22 **Suite 249** 27 **Suite 249**
City & State City & State
23 **Miami FL** 28 **Miami FL**
Zip Country Zip Country
24 **33015** 25 **DADE** 29 **33015** 30 **DADE**

3. Date Incorporated or Qualified **02/11/1991** 3a. Date of Last Report **04/06/1994**
4. FE# Number **65-0244464** 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. 190.032 Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**LAZARUS, GARY A.
1216 MILAN AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1503, 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 627.0005, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAZARUS, GARY A.
STREET ADDRESS	1216 MILAN AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DV
NAME	LAZARUS, NURIA R.
STREET ADDRESS	1216 MILAN AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DST
NAME	HOADLEY, GEORGE
STREET ADDRESS	11500 N.W. 22ST
CITY-ST-ZIP	PEMBROKE PINE FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****225.00**

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this and on each of my supplemental annual reports is true and accurate and that my signature shall have the same legal effect as if made by me; 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 of this report, or on an attachment with an address.

SIGNATURE: *Gary Lazarus* 305 261 1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR