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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Sportstyr of Clota

L	1996		DIVISION	OF CORPO	RATI	ONS						
1. Corporati		V13005	(6)	Madempal A to an age or year \$1,500 \$ and	*****							
BANG	GAL, INC.											
Principal Plac	ce of Business		Mailing Address						188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188	ekan ahii ahak a	ion ciril i	
	HINGTON AVENUE		960 ARTHUR GODE	REY RD.								
STE 401 Miami reai	CH FL 33139		STE 401									
US			MIAMI BEACH FL 3	3140				3. Date Incorp	orated or Qualifie	d 3a , Da	te of Last	Report
2 Prinonal F	Place of Business	T &						02/10/1			05/01/1	
21	1000 OF Edsirioss	26	2a. Mailing Address					4. FEI Number 65-03				Applied For
Suite, Apt	#, etc.		Suite, Apt. #, etc.	*********							60 -	Not Applicable 75 Additional
22 City B. Cons		27			·			5. Certificate o	f Status Desired			e Required
City & Stat	ite	28	City & State						npaign Financing	[7	\$5.	00 May Be
Zip		ountry	Zip	Col	untry		·	7rust Fund (<u> </u>	Add	ted to Fees
24	25	29	j .	30	ину			Florida Statu	ition has liability fo	or intangible t es ∏ No	ax under	s 199.032,
	9, Name and A	ddress of Current Reg	istered Agent					10. Name and	Address of New		Agent	
HOOOM	1 400444				81	Nam	e					
	N, MOHAMMED LLISON ROAD				82	Stree	t Addres	is (P.O. Box Numb	per is Not Accept	able)		
SUITE S					83			· · · · · · · · · · · · · · · · · · ·				
	BEACH FL 33141											
TYTE WILL											7	7. 0
					84	City				EI		Zip Code
11. Pursuant or register	to the provisions of	Sections 607.0502 and 6	07.1508, Florida Stat	Ite s, the abo	li	•	corporati	on submits this st	atement for the p	FL urpose of ch		•
11. Pursuant or register	to the provisions of red agent, or both, i ith, and accept the o	Sections 607.0502 and 6 n the State of Florida, Suc obligations of, Section 607	07.1508, Florida Stat ch change was autho 7.0505, Florida Statut	ites, the abo ized by the c as.	li	•	corporati s board	on submits this st of directors. I here	atement for the p by accept the ap	FL urpose of ch pointment as		•
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To nereby certify that the information supplied with his filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 logal effect as if made under appears in Block 12 or Block 13 if changed, of on in full tachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/29/96

(305)674-1646

3R2E034 (12/95)