

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V39435** (5)
1. Corporation Name
GALAXY ART GLASS, CORP.



Principal Place of Business Mailing Address
4812 SW 75TH AVE MIAMI FL 33155 US

3. Date Incorporated or Qualified **05/28/1992** 3a. Date of Last Report **05/16/1995**

2. Principal Place of Business 2a. Mailing Address
21 **11767 SO. DIXIE HWY** 26 **11767 SO DIXIE HWY**
Suite, Apt #, etc. Suite, Apt #, etc.
22 **Ste # 409** 27 **Ste # 409**
City & State City & State
23 **MIAMI FL** 28 **MIAMI FL**
Zip Country Zip Country
24 **33156** 25 **Dade USA** 30 **USA**

4. FEL Number **65-0347282** 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
MELENDEZ, IRMA
4812 SW 75TH AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name **Teresita Leal**
82 Street Address (P.O. Box Number is Not Acceptable) **11767 SO. DIXIE HWY**
83 **Ste # 409**
84 City **MIAMI** FL 85 Zip Code **33156**

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]* DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MELENDEZ, IRMA	
STREET ADDRESS	4812 SW 75TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Teresita Leal	
1.3 STREET ADDRESS	11767 SO. DIXIE HWY # 409	
1.4 CITY-ST-ZIP	MIAMI, FL 33156	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HORACIO R. LEAL	
2.3 STREET ADDRESS	11767 SO. DIXIE HWY # 409	
2.4 CITY-ST-ZIP	MIAMI FL 33156	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: *[Signature]* **Teresita Leal Pres. 3/29/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **305-262-2017**
Disting. Phone #

CR2E034 (12/95)

9/18-96