

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # V39435 (5)

1. Corporation Name
GALAXY ART GLASS, CORP.



Principal Place of Business: 11767 SO. DIXIE HWY, STE. #409, MIAMI FL 33156, US

Mailing Address: 11767 SO. DIXIE HWY, STE. #409, MIAMI FL 33156, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 13339 SW 88 AVE. Suite, Apt. #, etc.

22 City & State: Miami, Fla

23 Zip: 33176 Country: USA

2a. Mailing Address

26 (same) Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified: 05/28/1992

4. FEI 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

LEAL, TERESITA
11767 SO. DIXIE HWY
STE #409
MIAMI FL 33156

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 607.0502 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: *Teresita Leal* President DATE: 4/6/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEAL, TERESITA	
STREET ADDRESS	11767 SO. DIXIE HWY #409	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEAL, HORACIO R	
STREET ADDRESS	11767 SO. DIXIE HWY #409	
CITY-ST-ZIP	MIAMI FL 33156	
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

11 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Leal Teresita	
13 STREET ADDRESS	13339 SW 88 AVE	
14 CITY-ST-ZIP	MIAMI FL 33176	
21 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Leal Horacio R.	
23 STREET ADDRESS	13339 S.W. 88 AVE	
24 CITY-ST-ZIP	MIAMI FL 33176	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: *Teresita Leal* DATE: 4/6/98

CR2E034 (10/97)