

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		2a. Mailing Address	
21 13339 SW 88 AVE.	26 (same)	3. Date Incorporated or Qualified 05/28/1992	
Suite, Apt. #, etc.		4. FEI Number 65-0347282	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Miami, FLA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33176	25 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEAL, TERESITA 11767 SO. DIXIE HWY STE #409 MIAMI FL 33156		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 *[Signature]* President DATE 4/6/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	LEAL, TERESITA	11 TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11767 SO. DIXIE HWY #409		12 NAME Leal Teresita	
CITY-ST-ZIP MIAMI FL 33156		13 STREET ADDRESS 13339 SW 88 AVE	
TITLE VP	LEAL, HORACIO R	14 CITY-ST-ZIP MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11767 SO. DIXIE HWY #409		21 TITLE P.	
CITY-ST-ZIP MIAMI FL 33156		22 NAME Leal Horacio R.	
TITLE		23 STREET ADDRESS 13339 S.W. 88 AVE	
NAME		24 CITY-ST-ZIP MIAMI FL 33176	
STREET ADDRESS		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		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

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 *[Signature]* DATE 4/6/98 305-262-1117

CR2E034 (10/97)