FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V48506** **(2)**

1. Corporation Name

GALOP, INC.

Principal Place of Business	Mailing Address
510 WASHINGTON AVENUE MIAMI BEACH FL 33139	~~11045 S.W. 139 COURT~~ MIAMI FL 33186

2. Principal Place of Business	2a. Mailing Address
21 510 Washington Ave	26 261 East 37 St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami Beach, Fla	28 City & State: Hialeah Fla
24 Zip: 33139 25 County: U.S.	29 Zip: 33013 30 County: U.S.

3. Date Incorporated or Qualified: 06/30/1992

3a. Date of Last Report: 03/13/1995

4. FEI Number: 65-0338480 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, BLANKY
11045 SW 139TH COURT
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: CARIDAD Lopez
82 Street Address (P.O. Box Number is Not Acceptable): 261 E. 37St
83 Hialeah Fla
84 City: FL 85 Zip Code: 33013

11. Pursuant to the provisions of Section 607.0502 and 607.1538, 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 607.325, Florida Statutes.

SIGNATURE: Caridad Lopez (Signature required when changing registered agent.) DATE: 4/15/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GARCIA, BLANKY	
STREET ADDRESS	11045 S.W. 139 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	GARCIA, RENE	
STREET ADDRESS	11045 S.W. 139 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	LOPEZ, JUAN	
STREET ADDRESS	261 E. 37TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	☐ DELETE
NAME	LOPEZ, CARIDAD	
STREET ADDRESS	261 E. 37TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	President/Director	☒ Change ☐ Addition
1a NAME	Caridad Lopez	
1b STREET ADDRESS	261 E. 37 St	
1c CITY-ST-ZIP	Hialeah, Fla 33013	
2 TITLE	V.P. / Director	☒ Change ☐ Addition
2a NAME	Juan Lopez	
2b STREET ADDRESS	261 E. 37 St	
2c CITY-ST-ZIP	Hialeah Fla 33013	
3 TITLE		☐ Change ☐ Addition
3a NAME		
3b STREET ADDRESS		
3c CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4a NAME		
4b STREET ADDRESS		
4c CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5a NAME		
5b STREET ADDRESS		
5c CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6a NAME		
6b STREET ADDRESS		
6c CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 attached sheet, with my name.

SIGNATURE: Caridad Lopez — 4/15/96 — 358-0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number