

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K26748** (9)

1. Corporation Name
M. GUTIERREZ FINE ARTS, INC.

Principal Place of Business Mailing Address
1628 PENNSYLVANIA AVENUE MIAMI BCH. FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/17/1988** 3a. Date of Last Report **04/04/1994**
4. FEI Number **65-0064716** 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
7. This corporation has liability for intangible tax under S. 169.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

8. Name and Address of Current Registered Agent
**GUTIERREZ, MARTA
600 GRAPETREE DRIVE
APT. 11-E-S
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent
81 Name **FERNANDO GUTIERREZ**
82 Street Address (P.O. Box Number is Not Acceptable) **210 N COCONUT LANE, PALM ISLAND**
83
84 City **MIAMI BEACH** FL 85 **33309**

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]* (NOTE: Registered Agent signature required when reconstituting) DATE **1/21/95**

12. OFFICERS AND DIRECTORS
TITLE P
NAME **GUTIERREZ, MARTA**
STREET ADDRESS **600 GRAPETREE DRIVE, APT. 11-E-S**
CITY - ST - ZIP **KEY BISCAYNE FL 33149**
TITLE VST
NAME **GUTIERREZ, FERNANDO**
STREET ADDRESS **210 N. COCONUT LANE, PALM ISLAND**
CITY - ST - ZIP **MIAMI BEACH FL 33139**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PRESIDENT** Change Addition
1.2 NAME **FERNANDO GUTIERREZ**
1.3 STREET ADDRESS **210 N COCONUT LANE, PALM ISLAND**
1.4 CITY - ST - ZIP **MIAMI BEACH, FLORIDA 33139**
2.1 TITLE **VP-S** Change Addition
2.2 NAME **T Valerie Waidele Gutierrez**
2.3 STREET ADDRESS **210 N-COCONUT LN**
2.4 CITY - ST - ZIP **MIAMI BEACH FL 33139**
3.1 TITLE **FERNANDO GUTIERREZ** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE **1/21/95** (301) 671-0428