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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:25

DOCUMENT # **L42491** (5)

1. Corporation Name
SOUTHERN FINE ARTS, INC.

Principal Place of Business Mailing Address
% MANUEL F. VERGARA **% MANUEL F. VERGARA**
3070 SW 30TH AVE. **3070 SW 30TH AVE.**
MIAMI FL 33146 **MIAMI FL 33146**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/16/1990** 3a. Date of Last Report **08/18/1994**
4. FEI Number **65-0174020** 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

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

9. Name and Address of Current Registered Agent
VERGARA, MANUEL F.
6435 SW 94TH ST
MIAMI FL 33156
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 607.0602 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 changes, Sections 607.0505, Florida Statutes.

SIGNATURE *Manuel F. Vergara - Pres* DATE **3/27/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DST	NAME VERGARA, MANUEL F., JR.	1.1 TITLE <i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6435 SW 94 ST	CITY-ST-ZIP MIAMI FL	1.2 NAME <i>Vergara, Manuel F., Jr.</i>	
		1.3 STREET ADDRESS <i>6435 SW 94 St</i>	
		1.4 CITY-ST-ZIP <i>Miami, Fla. 33156</i>	
TITLE DP	NAME VERGARA, ROSA M.	2.1 TITLE <i>Secretary/Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4850 SW 80 ST	CITY-ST-ZIP MIAMI FL	2.2 NAME <i>Vergara, Beatriz D.</i>	
		2.3 STREET ADDRESS <i>6435 SW 94 St</i>	
		2.4 CITY-ST-ZIP <i>Miami, Fla. 33156</i>	
TITLE DV	NAME VERGARA, BEATRIZ D.	3.1 TITLE <i>Delete Vergara, Rosa M.</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6435 SW 94 ST	CITY-ST-ZIP MIAMI FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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 biennial 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, on an attachment with an address.

SIGNATURE: *Manuel F. Vergara* DATE: **3/27/95** **(305)**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR