

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P92000002949 (5)

1. Corporation Name

LA GALERIA FINE ART, INC.

95 JUL -3 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2912 PONCE DE LEON BLVD.
CORAL GABLES FL 33140**

Mailing Address

**2912 PONCE DE LEON BLVD.
CORAL GABLES FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1992

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0367778

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Certificate Filing Fee
Trust Fund Contribution

☒

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE M
2912 PONCE DE LEON BLVD.
CORAL GABLES FL 33140**

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

(If agent is not the president or principal officer of the corporation, the signature of the corporation is required.)

(If the registered agent is not the president or principal officer of the corporation, the signature of the corporation is required.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	RODRIGUEZ, JOSE M.
STREET ADDRESS	81 MERRICK WAY
CITY, ST, ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDRESS, NAME, TITLE, CITY, STATE, AND ZIP CODE

1.1 TITLE	PST	☒ Change ☐ Addition
1.2 NAME	Rodriguez, Jose M.	
1.3 STREET ADDRESS	2912 Ponce de Leon Blvd.	
1.4 CITY, ST, ZIP	Coral Gables, FL 33134	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ 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 hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biannual 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:

[Handwritten Signature]

6/21/95 (305) 461-1962

SEAL AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR