


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 03 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 # P92000002949 (5)

1. Corporation Name
LA GALERIA FINE ART, INC.



Principal Place of Business 323 MENORES AVE CORAL GABLES FL 33134 US 300 Malaga Ave. Coral Gables, Fla. 33134	Mailing Address 323 MENORES AVE CORAL GABLES FL 33134 US 300 Malaga Ave. Coral Gables, Fla. 33134
---	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/09/1992	4. FEI Number 65-0367778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Rodriguez, JOSE M.
82 Street Address (P.O. Box Number is Not Acceptable) 300 Malaga Ave
83 City Coral Gables,
84 City FL
85 Zip Code 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PST	<input type="checkbox"/> DELETE
NAME RODRIGUEZ, JOSE M.	
STREET ADDRESS 323 MENORES AVE	
CITY-ST-ZIP CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Rodriguez, JOSE M.	
1.3 STREET ADDRESS 300 Malaga Ave.	
1.4 CITY-ST-ZIP CORAL GABLES, Fla. 33134	

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: **Jose Manuel Rodriguez** 1/20/98 (305) 441-8201

CR2E034 (10/97)