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FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000043527 (7)
 1. Corporation Name
DOMINGO PADRON ART APPRAISAL & CONSULTANT INC.

Principal Place of Business: **417 S.E. 4TH ST HIALEAH FL 33010**
 Mailing Address: **417 S.E. 4TH ST HIALEAH FL 33010**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1995	3a. Date of Last Report
21	Suite Apt. #, etc.	26	Suite Apt. #, etc.	4. FEI Number 65-0587603	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PADRON, DOMINGO P
417 S.E. 4TH ST.
HIALEAH, FL 33010

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ (NOTE: Registered Agent's signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PADRON, DOMINGO P	
STREET ADDRESS	417 S.E. 4TH ST.	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	PADRON, FARAH M.	
STREET ADDRESS	417 S.E. 4TH ST.	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	PADRON, MADELYN	
STREET ADDRESS	417 S.E. 4TH ST.	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	PADRON, ZOILA	
STREET ADDRESS	417 S.E. 4TH ST.	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 employed 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: *Madelyn Padron* **04/26/97** (305) 444-9360
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)