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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023549 (4)

ANTIQUES FOR ALL, INC.

Principal Place of Business

1339 SOROLLA AVENUE CORAL GABLES FL 33134

Mailing Address

1339 SOROLLA AVENUE CORAL GABLES FL 33134-3517

FILED Jan 15 1997 8:00am Secretary of State



00.012 0.022		•••••				
						3. Date Incorporated or Qualified 3a. Date of Last Report
						03/14/1996
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
						Not Applicab
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition		
22 27						Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23 M	IAMI-FL	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for intangible tax under s. 199.032,
24 33/3	55 25 USA	29	30			Florida Statutes
	g, Name and Address of Current		1001	T^-		10. Name and Address of New Registered Agent
					Name	
807 S.W. 25 AVENUE					Street A	Address (P.O. Box Number is Not Acceptable)
	E 205					
MIAMI FL 33135				83		
				84	City	FL 85 Zip Code
44 Pureupol f	to the provisions of Sections 607,0502	and 607 1509 Florida Statu	toe the	ahova	-named c	corporation submits this statement for the purpose of changing its registere
office or re		of Florida, Such change was	authorize	ed by	the corpo	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or profed name of registered agent	010	ly Bosis tos	nd Ages	10.000	required when rainstating) DATE
· · · · · · · · · · · · · · · · · · ·	OFFICERS AND		13		it signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSD OFFICERS AND	DELETE		TITLE	—т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1	PEREZ, MIOSOTIS	Otten				i ontango i rasino
NAME			1.21	NAME		
STREET ADDRESS	1339 SOROLLA AVENUE		1.3	STREET A	ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134		1.4 (CITY-ST	- ZIP	
THTLE		☐ DELETE	2.1	TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			2.2	NAME		
STREET ADDRESS			2.3	STREET A	ADDRESS	
CITY - ST - ZIP		2.4		CITY-SI	T- <i>2</i> 1P	
TITLE		DELETE		TITLE	·	☐ Change ☐ Addition
NAME			3.2 NAME			_
STREET ADDRESS					ADDRESS	
			E		- 1	
City - ST - ZIP		DELETE		CITY - ST	1-ZIP	Change Laddition
TITLE		בין הנונונ		TITLE		Change Addition
NAME			4 2	NAME		
STREET ADDRESS			43	STREET /	address	
CITY+ST-ZIP			4.4	CITY-ST	- ZIP	
TITLE		☐ DELETE	5.1	TITLE	Ţ	☐ Change ☐ Addition
NAME			5.21	NAME		
STREET ADDRESS		•	5.3.5	STREET	ADDRESS	
CITY - ST - ZiF			ı	CITY - ST	l l	
TITLE		DELETE		TiTLE	-411	☐ Change ☐ Addilio
		Last Country			1	- Ununge - Traduit
NAME			. I	NAME	- 1	
STREET ADDRESS			6.3	STREET A	ADDRESS	
CITY-ST-ZIP				CITY-ST		
44 Ldo barat	ny cartily that the information cumuland	with this filing door not augl	lifu for the	0.000	mation of a	tated in Section 119 07/3/i) Florida Statutes 1 further certify that the

14. I do 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 efficer 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 Brock 13 if changed or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

MIOSOTIS N. PEREZ 1/3

305-668-Ksi