


**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90026 013 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000006086**

1. Corporation Name

**CHRISTIAN BERNARD GALLERY, INC.**

Principal Place of Business

933 LEE ROAD #402  
ORLANDO FL 32810

Mailing Address

933 LEE ROAD #402  
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

59-3505315

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes ☐ No

2. Principal Place of Business

21 5700 Collins Ave.

Suite, Apt. #, etc.

22 #116

City &amp; State

23 Miami Beach, FL

Zip

24 33140

25 USA

2a. Mailing Address

26 5700 Collins Ave.

Suite, Apt. #, etc.

27 #116

City &amp; State

28 Miami Beach, FL

Zip

29 33140

30 USA

9. Name and Address of Current Registered Agent

HENIN, JEROME L  
933 LEE ROAD #402  
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name CHRISTIAN BERNARD

82 Street Address (P.O. Box Number is Not Acceptable)

83 5700 COLLINS AVE.

84 APT 116

85 MIAMI BEACH

FL

86 Zip Code

33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

*Christian Bernard*

Accident

April 6, 1999

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BERNARD, CHRISTIAN

STREET ADDRESS 283 AVENUE NOTRE DAME DE SANTE

CITY-STATE-ZIP 84200 CARPENTRAS FRANCE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christian Bernard*

April 6, 1999

Daytime Phone #

CR2E034 (1/98)