

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 AM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S18904 (0)

1. Corporation Name
GALLERY ART GROUP, INC.

Principal Place of Business P.O. BOX 630698 MIAMI FL 33163	Mailing Address P.O. BOX 630698 MIAMI FL 33163
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1990	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1762098	Applied Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. # etc.	Suite, Apt. # etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**HENDEL, KEN
780 NE 199TH STREET
SUITE E202
MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 and/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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE D	1. NAME HENDEL, KEN	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 780 NE 199TH ST #202	3. STREET ADDRESS	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY, ST, ZIP MIAMI FL	4. CITY, ST, ZIP	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	5. NAME	5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	6. CITY, ST, ZIP	6. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	7. NAME	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. CITY, ST, ZIP	8. STREET ADDRESS	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE	9. CITY, ST, ZIP	9. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	10. NAME	10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	11. TITLE	11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. CITY, ST, ZIP	12. NAME	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE	13. STREET ADDRESS	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	14. CITY, ST, ZIP	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	15. CITY, ST, ZIP	15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. CITY, ST, ZIP	16. NAME	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. TITLE	17. STREET ADDRESS	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	18. CITY, ST, ZIP	18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS	19. CITY, ST, ZIP	19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. CITY, ST, ZIP	20. NAME	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 130.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report as an officer or as an authorized agent.

SIGNATURE: _____

DATE: **5/30/95**

150704 12-24-8