SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

FILED Jul 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name (6) GALERIA DE ARTE NADER, INC. Principal Place of Business Mailing Address 3306 PONCE DE LEON BLVD. 3306 PONCE DE LEON BLVD. CORAL GABLES FL \$3134 **CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1985 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 59-2605984 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. L_ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name NADER, GARY 3306 PONCE DE LEON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 City 84 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE TITLE DELETE NADER, MARIA NAME 1.2 NAME ATARAZANA #9 STREET ADDRESS 1.3 STREET ADDRESS SANTO DOMINGO FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NADER, GARY NAME 2.2 NAME 3306 PONCE DE LEON BLVD. STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE ___ DELETE ___ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE ddition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE ___ DELETE 6.2 NAME NAME -07/24/98--01087--046 STREET ADDRESS 6.3 STREET ADDRESS

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 logal 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.

***150.00

SIGNATURE:

CITY-ST-ZIP

7/2/98 305 442,0256

CR2E034 (5/98)

· Cary Nader finean

Jos J

July 17, 1998

Florida Department of State Division of Corporations Annual Reports Fillings P.O. Box 6327 Tallahassee, FL. 32314

To whom it may concern:

This is to inform you that we had never received the first notice to file for the 1998 profit corporation annual report. I spoke to a woman by the name of Carolin at your office and she informed me to write this letter and send a check out for \$150.00.

Here enclosed please find check #1914 in the amount of \$150.00

Thank you,

Gary Nader