2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 850627

1. Entity Name
SOTHYS U.S.A., INC.

Principal Place of Business	Mailing Address
1500 NW 94TH AVE MIAMI, FL 33172	1500 NW 94TH AVE MIAMI, FL 33172

04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2158173
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIAN GARCES DE MARCILLA
13900 SW 30 STREET
MIAMI, FL 33175

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MAS, BERNARD
STREET ADDRESS	163 FBG ST HONORE
CITY-ST-ZIP	PARIS, FR 00000,
TITLE	TD
NAME	MAS, GEORGES
STREET ADDRESS	163 FBG ST HONORE
CITY-ST-ZIP	PARIS, FR 00000,
TITLE	AS
NAME	GARCES, VIVIANE
STREET ADDRESS	13900 SW 30TH ST
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	SD
NAME	MAS, JEAN PIERRE
STREET ADDRESS	163 FBG ST HONORE
CITY-ST-ZIP	PARIS, FR 00000,
TITLE	PD
NAME	DE MARCILLA, CHRISITAN G
STREET ADDRESS	13900 SW 30TH ST
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000543179
05/10/06-80128-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christian Garces DM 4/25/06 305-794-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #