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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

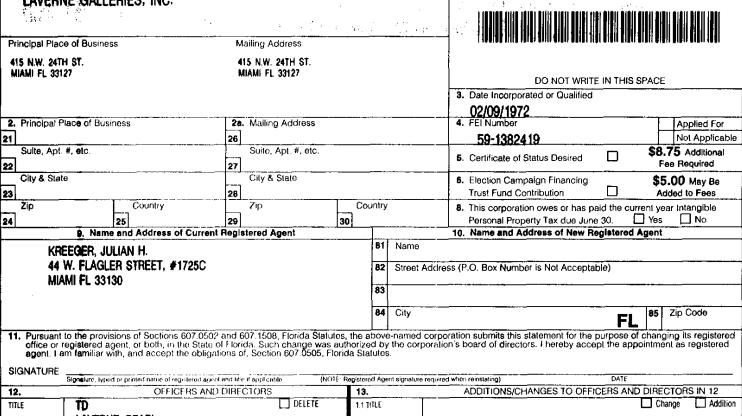
DOCUMENT #, 395401

(3)

LAVERNE GALLERIES, INC.

38 C 11 S S S S S S S S S S S S S S S S S	The second of the second of the second
Principal Place of Business	Mailing Address
415 N.W. 24TH ST. MIAMI FL 33127	415 N.W. 24TH ST. MIAMI FL 33127

FILED May 06 1998 8:00am Secretary of State



TITLE LAVERNE, PEARL NAME 1.2 NAME 90 NE 39TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 0 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE PVS 2.1 TITLE LAVERNE, LOUIS NAME 2.2 NAME 90 NE 39TH ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI. FL 0 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY - ST - ZIP

14. Thereby 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 13 if chapter 607 or 200 attachment with an execute this report as required by Chapter 607. Block 12 or Block 13 if changed, or of an attachment

4/28/GD (3, 757/2010)