

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729893** (8)

1. Corporation Name

ART DEALERS ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

% FERNANDO GUTIERREZ
1628 PENNSYLVANIA AVE.
MIAMI BCH. FL 33139
US

% FERNANDO GUTIERREZ
1628 PENNSYLVANIA AVE.
MIAMI BCH. FL 33139
US

3. Date Incorporated or Qualified

06/07/1974

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTIERREZ, FERNANDO
1628 PENNSYLVANIA AVE.
MIAMI BCH. FL 33139

81

Name

Revilla, NAIR

82

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

3200 Ponce de Leon

83

Coral Gables, FL.

84

City

FL

85

33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

APRIL 30/1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GUTIERREZ, FERNANDO
STREET ADDRESS 1628 PENNSYLVANIA AVE.
CITY-ST-ZIP MIAMI BCH. FL ☒ DELETE

1.1 TITLE PD
1.2 NAME Revilla, NAIR
1.3 STREET ADDRESS 3200 Ponce de Leon
1.4 CITY-ST-ZIP Coral Gables, FL. 33134 ☒ Change ☐ Addition

TITLE STD
NAME REVILLA, NAIR
STREET ADDRESS 608 BANYAN TRAIL
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

2.1 TITLE VPD
2.2 NAME Black, BARBARA
2.3 STREET ADDRESS 919 Lenox Rd
2.4 CITY-ST-ZIP Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE VPD
NAME BLACK, BARBARA
STREET ADDRESS 1055 KANE CONCOURSE
CITY-ST-ZIP BAY HARBOR ISLANDS FL ☒ DELETE

3.1 TITLE STD
3.2 NAME Valdes-Fauli, DORA
3.3 STREET ADDRESS 136 ARAGON
3.4 CITY-ST-ZIP Coral Gables, FL. ☐ Change ☒ Addition

TITLE VPD
NAME SNITZER, FREDRIC
STREET ADDRESS 1810 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30/96 305 5690666

Date

Daytime Phone #

CR2E037 (12/95)