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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745855

1. Corporation Name

ONE ART, INC.

Principal Place of Business

20 N.E. 39TH ST  
MIAMI FL 33137  
US

Mailing Address

P O BOX 558555  
MIAMI FL 33255  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

02/07/1979

4. FEI Number

59-1982793

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, JOSE  
10900 S W 72ND STREET, #32  
#32  
MIAMI FL 33173

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME WALTERS, MARK  
STREET ADDRESS 1540 SAN REMO AVENUE, #11  
CITY-ST-ZIP CORAL GABLES FL 33146

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE T  
NAME BARRANCO, ORLANDO  
STREET ADDRESS 525 MERIDIAN AVENUE, #303  
CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME SALAZAR, MARTHA  
STREET ADDRESS 13240 S W 43RD STREET  
CITY-ST-ZIP MIAMI FL 33175

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME MARTIN, JOSE  
STREET ADDRESS 10900 S W 72ND STREET, #32  
CITY-ST-ZIP MIAMI FL 33173

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

TITLE D  
NAME GUERRA, GEORGIA  
STREET ADDRESS 401 S.W. 40 ST  
CITY-ST-ZIP MIAMI FL

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

TITLE D  
NAME TATE, FREEMAN  
STREET ADDRESS 700 NE TERRACE #1001  
CITY-ST-ZIP MIAMI FL 33137

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

D  
Fedo Boyer  
20 NE 39St  
Miami, FL 33137

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/99 - 305.576-7449

CR2E037 (1/98)