

**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
1500 NW 94TH AVE
MIAMI, FL 33172

Mailing Address
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

**DO NOT WRITE
IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MAS, BERNARD
163 FBG ST HONORE
PARIS, FR 00000,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MAS, GEORGES
163 FBG ST HONORE
PARIS, FR 00000,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
GARCES, VIVIANE
13900 SW 30TH ST
MIAMI, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
MAS, JEAN PIERRE
163 FBG ST HONORE
PARIS, FR 00000,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
DE MARCILLA, CHRISITAN G
13900 SW 30TH ST
MIAMI, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000543179
05/10/06-80128-003 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #