FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

440 ABU OTTLI AUC

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Apr 16, 1998 8:00 am Secretary of State

Daytime Phone #

0171988

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F71726

(6)

Mailing Address

ALC: NEW OTTLL AUC

EL ARTE PICTURE FRAME & ARTIST SUPPLY CO., INC.

MIAMI FL 33125-3033				MIAMI FL 33125-3033											
									<u> </u>		WRITE I	THIS S	PACE		
									3.	. Date Incorporated or Qu	alitied				
2 Principal P	llage of Puringer		1 20	Mailing Address				·	+-	03/03/1982 FEI Number			$\overline{}$	1400	liad Far
2. Principal Place of Business				H -						59-2175335			-		lied For Applicable
Suite, Apt. #, etc.			Suite Apt. #, etc.						38 2 11 3333			\$8		ditional	
22			27					5.	. Certificate of Status Desi	red			e Req		
City & State			City & State						6.	Election Campaign Finar	ncina		\$5	00 6	May Be
23			28						"	Trust Fund Contribution	9			ded to	
Zip	Co	untry		Zip	1	Country	у		8.	. This corporation owes or	has paic	the curre	ent yea	ır İntai	ngible
24	25		29		30					Personal Property Tax du] Yes		No
	9. Name and Ad	Idress of Current	Regist	tered Agent	_		10.	Name and Address of I	lew Reg	stered A	gent				
LEGRA, RAMON E							1	Name							
ALL 2NW 27 AVE						82	!	Street Add	ress (F	P.O. Box Number is Not A	ceptable	*)			
⁻⁴ MIÁMI FL 33125							↓								
						83	1								
						84	1	City					85	Zip Co	ode
							_					<u>FL</u>	<u> </u>		
11. Pursuant	to the provisions of a	Sections 607.0502 both, in the State o	and 60 f Floric	07.1508, Florida Stati da. Such change was	utes, t auth	the abov orized b	e-l v t	named corpora	poratio tion's b	on submits this statement f board of directors. I hereb	or the pu v accept	rpose of the appo	changii xintmer	ng its it as re	registered eaistered
agent. I a	m familiar with, and	accept the obligati	ions of	, Section 607.0505, F	lorida	a Statute	s.				,				
SIGNATURE															
12.	Signature, typed or printed	OFFICERS AND)TE: Re	gistered Agi	jent	t signature requi		n reinstating) ADDITIONS/CHANGES TO	OFFICE	DATE DC AND	DIDEC	TOPS	IN 12
TITLE	PD	OFFICENS AND	DIREC	DELETE		1.1 TITLE	_			ADDITIONS/OFFAINGES IN	OFFICE		Char		Addition
NAME	LEGRA, RAM	ON F			ı	1.2 NAME						•		.9-	
STREET ADDRESS	1990 W. 56T					1.3 STREET		INDRESS							
CITY-ST-ZIP	HIALEAH FL	TOTALLI				1.4 CITY-5		ŀ							
TITLE	STD			DELETE		2.1 TITLE	31-	- 211					Char	nge	Addition
NAME	LEGRA, ELIA	S		_	•	2.2 NAME		}						•	_
STREET ADDRESS	525 E. 9TH S					2.3 STREET		NDORESS							
CITY-ST-ZIP	HIALEAH FL				1	2. 4 CITY-									
TITLE				DELETE	_	3.1 TITLE							Char	 nge	Addition
NAME					1	3.2 NAME		1							
STREET ADDRESS					:	3.3 STREET	T Al	ADDRESS							
CITY-ST-ZIP						3.4. CITY-									
TITLE				DELETE		4.1 TITLE							Char	ge	Addition
NAME					1	4. 2 NAME		Ì							
STREET ADDRESS						4 3 STREET	T AI	DDRESS							
CITY-ST-ZIP						4.4 CITY - S	ST-	-ZIP							
TITLE				DELETE		5.1 TITLE	Τ,						Char	ige	☐ Addition
NAME						5.2 NAME									
STREET ADDRESS						5.3 STREET	T A	DORESS							
CITY-ST-ZIP						5.4 CITY-S	ST-	- ZIP							
TITLE				DELETE	Ī	6.1 TITLE							Char	ige	Addition
NAME					ľ	6.2 NAME		ĺ							
STREET ADDRESS					≠ -	- 6.3 STREET	TAI	ODRESS							
CITY-ST-ZIP						6.4 CITY - S									
14. I hereby of indicated	certify that the inform on this annual report	ation supplied with	i this fi annual	ling does not qualify I report is true and ac	for th	e exemp	otic naf	on stated in t my signatu	Sectio	on 119.07(3)(i), Florida Sta all have the same legal effe	tutes. I fu ect as if n	rther cert	ufy that ler oath	the ir that	ntormation I am an
officer or	director of the corpo	ration or the receiv	er or t	rustee empowered to	exec	cute this	re	port as req	uired b	by Chapter 607, Florida St	atutes; ar	nd that m	y name	app	ears in
DIOCK 12	or Block 13 if chang	eu, or organ anach	mient /	will all address.								00			