FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G86210** **(3)**

1. Corporation Name

MARIA CALAS ART GALLERY, INC.

Principal Place of Business

2154 SW 16 ST.
MIAMI FL 33145

Mailing Address

2154 SW 16 ST.
MIAMI FL 33145

3. Date Incorporated or Qualified: **02/23/1984**

3a. Date of Last Report: **04/06/1995**

4. FEI Number: **59-2369493** [ ] 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

8. This corporation is subject for unstrangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

CALAS, MARIA
2391 SW 22ND ST
MIAMI FL 33145

10. Name and Address of New Registered Agent

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 Section 607.0505 and 617.1905, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	CALAS, MARIA	
STREET ADDRESS	2154 S.W. 16TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	[ ] DELETE
NAME	GARCIA-SEGOVIA, JUAN M.	
STREET ADDRESS	2154 S.W. 16TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

1 TITLE	PTD	[X] Change [ ] Addition
1a NAME	GARCIA-SEGOVIA, JUAN M.	
1b STREET ADDRESS	2154 SW 16th St.	
1c CITY-ST-ZIP	MIAMI, FLA. 33145	
2 TITLE	SD	[X] Change [ ] Addition
2a NAME	CALAS, MARIA E.	
2b STREET ADDRESS	2154 SW 16th Street	
2c CITY-ST-ZIP	MIAMI, FLA. 33145	
3 TITLE		[ ] Change [ ] Addition
3a NAME		
3b STREET ADDRESS		
3c CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4a NAME		
4b STREET ADDRESS		
4c CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5a NAME		
5b STREET ADDRESS		
5c CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6a NAME		
6b STREET ADDRESS		
6c CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, complete, and accurate; that, if applicable, the mailing address is the current address of the registered agent; and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement for profit corporations 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juan M. Garcia-Segovia JUAN M. GARCIA-SEGOVIA, Pres. 3-30-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)