SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:20

DOCUMENT # K44075 (5)

1. Corporation Name
ELITE FINE ART, INC.

Principal Place of Business	Mailing Address
3140 PONCE DE LEON BLVD. CORAL GABLES FL 33134 US	P.O. BOX 14-4015 MIAMI FL 33114 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1988	3a. Date of Last Report: 07/26/1994
4. FEI Number: 65-0083148	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~REGISTERED AGENTS + OFFICE INC.~~
~~601 BRICKELL KEY DR.~~
~~#501~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2699 S. BAYSHORE DR., SUITE 700
83
84 City: MIAMI FL 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: AGUSTIN DE GOYTISOLO (required when reinstating) DATE: 060695

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	DE GOYTISOLO, AGUSTIN	12 NAME	
STREET ADDRESS	601 BRICKELL KEY DR., #501	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	DPT	21 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ CANAS, JOSE	22 NAME	
STREET ADDRESS	3140 PONCE DE LEON BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ CANAS, ELENA M.	32 NAME	
STREET ADDRESS	3140 PONCE DE LEON BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ CANAS, ELENA M.	42 NAME	
STREET ADDRESS	3140 PONCE DE LEON BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	SERRANO, GUILLERMO	52 NAME	
STREET ADDRESS	3140 PONCE DE LEON BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSE MARTINEZ-CANAS 6/6/95 (305) 448-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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