

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K44075 (5)**

1. Corporation Name
ELITE FINE ART, INC.



Principal Place of Business
**3140 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US**

Mailing Address
**P.O. BOX 14-4015
MIAMI FL 33114
US**

3. Date Incorporated or Qualified 11/03/1988	3a. Date of Last Report 06/16/1995
4. FEI Number 65-0083148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Subst. Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Subst. Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REGISTERED AGENTS + OFFICE INC.
~~2033 S BAYSHORE DR~~
**STE 700
MIAMI FL 33131**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable) 2699 S. BAYSHORE DR.	83.	84. City	85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.05(1) and 607.15(6), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(6), Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS

NAME	DE GOYTISOLO, AGUSTIN	<input type="checkbox"/> DELETE
STREET ADDRESS	601 BRICKELL KEY DR., #501	
CITY, ST, ZIP	MIAMI FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MARTINEZ CANAS, JOSE	
STREET ADDRESS	3140 PONCE DE LEON BLVD.	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ CANAS, ELENA M.	
STREET ADDRESS	3140 PONCE DE LEON BLVD.	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ CANAS, ELENA M.	
STREET ADDRESS	3140 PONCE DE LEON BLVD.	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SERRANO, GUILLERMO	
STREET ADDRESS	3140 PONCE DE LEON BLVD.	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose Martinez Canas* **JOSE MARTINEZ CANAS PRESIDENT** 1/15/96 (305) 448-3800

CR2E034 (12/95)