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FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 144015  
MIAMI FL 33114-4015  
US



3. Date Incorporated or Qualified 11/03/1988  
3a. Date of Last Report 02/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

REGISTERED AGENTS & OFFICE INC.

2000 S. BAYSHORE DRIVE

SUITE 700

MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

AGUSTIN DE GOYTISOLO

82 Street Address (P.O. Box Number is Not Acceptable)

1000 BRICKELL AVE, STE 660

83

84

City MIAMI

FL

85 Zip Code 33131

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

February 11, 1997

12. OFFICERS AND DIRECTORS

TITLE S  
NAME DE GOYTISOLO, AGUSTIN  
STREET ADDRESS 1000 BRICKELL AVE, STE 660  
CITY- ST- ZIP MIAMI FL

TITLE DPT  
NAME MARTINEZ CANAS, JOSE  
STREET ADDRESS 3140 PONCE DE LEON BLVD.  
CITY- ST- ZIP CORAL GABLES FL

TITLE VP & AS  
NAME SERRANO, GUILLERMO  
STREET ADDRESS 3140 PONCE DE LEON BLVD  
CITY- ST- ZIP CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
1000 BRICKELL AVE, STE 660  
MIAMI, FL, 33131-3014

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE MARTINEZ-CANAS  
PRESIDENT  
2/14/97 (305) 448-3800

Date

Daytime Phone #

CR2E034 (9/96)