

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **K74744** (9)

1. Corporation Name

THE IMMIGRANT'S GALLERY INCORPORATED

Principal Place of Business

**GRISEL YBARRA
3191 CORAL WAY STE. 702
MIAMI FL 33145**

Mailing Address

**GRISEL YBARRA
3191 CORAL WAY STE. 702
MIAMI FL 33145**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**YBARRA, GRISEL
3191 CORAL WAY
STE. 702
MIAMI FL 33145**

3. Date Incorporated or Qualified

03/23/1989

3a. Date of Last Report

09/20/1995

4. FET Number

NOT APPLICABLE

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

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 Sections 607.0122 and 607.1506, 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 607.0146, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

Street Address

City, State, Zip

1. TITLE

NAME

Street Address

City, State, Zip

1. TITLE

NAME

Street Address

City, State, Zip

1. TITLE

NAME

Street Address

City, State, Zip

1. TITLE

NAME

Street Address

City, State, Zip

1. TITLE

NAME

Street Address

City, State, Zip

1. TITLE

NAME

Street Address

City, State, Zip

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

14. I do hereby certify that the information supplied on this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report and any supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a 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 addition with an address.

SIGNATURE:

2/23/96

(305)443-4043

NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING

CR2E034 (12/95)