

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M43094** (5)

1. Corporation Name  
**ADOBE GALLERIES, INC.**



Principal Place of Business Mailing Address  
**C/O JEFFREY N. MARKS, ESQ.  
2040 N.E. 163RD STREET, SUITE 208  
MIAMI FL 33162**

3. Date Incorporated or Qualified: **12/12/1986**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2775195**  
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  
21. Suite, Apt #, etc.  
22. City & State  
23. Zip Country  
24. 25. 29. 30.  
2a. Mailing Address  
26. **INES CORTES 150 OCEAN LANE DR**  
27. **Apt 7c**  
28. **Key Biscayne, FL**  
29. **33149** 30. **Key Biscayne**

9. Name and Address of Current Registered Agent  
**MARKS JEFFREY N. ESQ.  
2040 N.E. 163RD STREET  
SUITE 208  
MIAMI FL 33162**

10. Name and Address of New Registered Agent  
81. Name: **MARKS JEFFREY N. ESQ.**  
82. Street Address (P.O. Box Number is Not Acceptable): **150 OCEAN LANE Dr. Apt 7c**  
83.  
84. City: **Key Biscayne** FL 85. Zip Code: **33149**

11. Pursuant to the provisions of Sections 607.0402 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 changes are 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 607.0402, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>CORTES, INES</b>	
STREET ADDRESS	<b>150 OCEAN LANE DR APT 7C</b>	
CITY - ST - ZIP	<b>KEY BISCAZYNE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>VIERA, OLGA</b>	
STREET ADDRESS	<b>3021 S.W. 28TH LANE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 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 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	

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\*\*\*225.00

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)(c), Florida Statutes. I further certify that the information indicated on the annual report or supplement annual report is true and accurate and that my signature shall have the same legal effect as if I had sworn 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/96 (305) 381-9416

CR2E034 (12/95)