

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000025788 (9)**

1. Corporation Name

**FISH AND BIRD GALLERY, INC.**



Principal Place of Business

Mailing Address

**7525 SW 12TH ST  
MIAMI FL 33144**

**7525 SW 12TH ST  
MIAMI FL 33144**

3. Date Incorporated or Qualified <b>04/07/1993</b>	3a. Date of Last Report <b>02/06/1995</b>
4. FEI Number <b>65-0400685</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**ALVAREZ, ANA  
6201 A SW 138TH CT  
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name <b>ALVAREZ, ANA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7525 SW 12th STREET</b>
83
84 City <b>MIAMI, FL</b>
85 Zip Code <b>33144</b>

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 the filer (if applicable) \_\_\_\_\_ (If filer Registered Agent signature required, who is not the filer) \_\_\_\_\_ (If not)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>DP</b>	
NAME	<b>ALVAREZ, ANA</b>	
STREET ADDRESS	<b>6201 A SW 138TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE	<b>D</b>	
NAME	<b>ALVAREZ, HERY</b>	
STREET ADDRESS	<b>1825 W 44TH PL #702</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<b>DP</b>	
1.2 NAME	<b>ALVAREZ, ANA</b>	
1.3 STREET ADDRESS	<b>7525 SW 12th STREET</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL, 33144</b>	
2.1 TITLE	<b>D</b>	
2.2 NAME	<b>ALVAREZ, HERY</b>	
2.3 STREET ADDRESS	<b>7525 SW 12th STREET</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL, 33144</b>	
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		

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_, President April 15, 1996 (305)267-8825  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)