

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

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95 MAY 23 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000065794 (7)**

1. Corporation Name

**LUIS MONTOYA SCULPTURE STUDIO, INCORPORATED**

Principal Place of Business

4110 GEORGIA AVE.  
WEST PALM BEACH FL 33405

Mailing Address

4110 GEORGIA AVE.  
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report

09/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0515203

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

METT, SYLVIA J  
2501-B PRESIDENTIAL WAY  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 (with a checkmark)

(If Not Applicable) Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE: **PRESIDENT**  
NAME: **LUIS FERNANDEZ**  
STREET ADDRESS: **11579 41 CT W**  
CITY-ST-ZIP: **ROYAL PALM BEACH, FL 33411**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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

11 TITLE  Change  Addition

12 NAME  Change  Addition

13 STREET ADDRESS  Change  Addition

14 CITY-ST-ZIP  Change  Addition

21 TITLE  Change  Addition

22 NAME  Change  Addition

23 STREET ADDRESS  Change  Addition

24 CITY-ST-ZIP  Change  Addition

31 TITLE  Change  Addition

32 NAME  Change  Addition

33 STREET ADDRESS  Change  Addition

34 CITY-ST-ZIP  Change  Addition

41 TITLE  Change  Addition

42 NAME  Change  Addition

43 STREET ADDRESS  Change  Addition

44 CITY-ST-ZIP  Change  Addition

51 TITLE  Change  Addition

52 NAME  Change  Addition

53 STREET ADDRESS  Change  Addition

54 CITY-ST-ZIP  Change  Addition

61 TITLE  Change  Addition

62 NAME  Change  Addition

63 STREET ADDRESS  Change  Addition

64 CITY-ST-ZIP  Change  Addition

**REMITTED BY MAY 1**

\$5 DEPOSITED BY BANK RC

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 in 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 or changed, or on an attachment with an address.

SIGNATURE: *Luis Fernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LUIS FERNANDEZ**

5/5/95 (407) 655 4644  
Date (Article 12.04)