

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEP 23 1994
MAY 11 1994
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070374 (1)

1. Corporation Name

L'ATELIER BY CELY HERRERA, CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10126 W FLAGLER ST PLAZA DEL REY MIAMI FL 33172 33174	10126 W FLAGLER ST PLAZA DEL REY MIAMI FL 33172 33174

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt # etc.	26. Suite, Apt # etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. County	29. County
30. City	31. City

3. Date Incorporated or Qualified	3a. Date of Last Report
09/23/1994	
4. FEI Number	Applied For
65-0522819	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Finance Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for unreported tax under Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUBERVI, ANA C 9918 NW 5TH LN MIAMI FL 33172	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 607.0707 and 607.1508, Florida Statutes, this 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0504, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS OR DIRECTORS	
1. NAME	DPS SUBERVI, ANA C 9918 NW 5TH LN MIAMI FL 33172	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	DVT SUBERVI, RAMON A 9918 NW 5TH LN MIAMI FL 33172	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the filing date stated on this form. I have read the Florida Statutes, Chapter 607, and I am an officer or director of the corporation as of the filing date and that the corporation has the same legal office as of the filing date. I am an officer or director of the corporation as of the filing date and I am authorized to sign this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers or directors of the corporation.

SIGNATURE:
SUBERVI, ANA C (PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR)

2-23-95 (aw) 554/119