

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

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1995 MAR 30 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000090638 (5)

1. Corporation Name
ART GALLERY FRAMES INC.

Principal Place of Business Mailing Address

13727 SW 152ND ST SUITE 106 13727 SW 152ND ST SUITE 106
MIAMI FL 33177 MIAMI FL 33177

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/15/1994		FIRST REPORT	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		#65-0553494		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOLFE, LARRY 290 - A JOHN KNOX RD TALLAHASSEE FL 32302-6643				81 Name LUIS VILLA			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 MIAMI FL.			
				84 City MIAMI FL 85 Zip 33177			

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]* **LUIS VILLA** **PRESIDENT.** DATE **2-15-95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, MARGARITA
STREET ADDRESS	13727 SW 152ND ST SUITE 106
CITY - ST - ZIP	MIAMI FL 33177
TITLE	B
NAME	CLARO, GASTON
STREET ADDRESS	13727 SW 152ND ST SUITE 106
CITY - ST - ZIP	MIAMI FL 33177

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P S T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LUIS VILLA	
13 STREET ADDRESS	13727 SW 152nd ST SUITE 106	
14 CITY - ST - ZIP	MIAMI FL. 33177	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME		
22 STREET ADDRESS		
23 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME		
32 STREET ADDRESS		
33 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME		
42 STREET ADDRESS		
43 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME		
52 STREET ADDRESS		
53 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME		
62 STREET ADDRESS		
63 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 110.07(3)(b), 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 checked, on an attachment with an address.

SIGNATURE: *[Signature]* **LUIS VILLA** **PRESIDENT** DATE **2-15-95** **305-253-2724**