SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000012719 (7)

1. Corporation Name

BROCK GALLERIES CORP.

Principal Place of Business	Mailing Address
11826 S.W. 99TH STREET MIAMI FL 33186	11826 S.W. 99TH STREET MIAMI FL 33186

3. Date Incorporated or Qualified: 02/13/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 847 Haddock Avenue
Suite, Apt #, etc
22:
City & State
23: New Smyrna Beach, FL
Zip
24: 32169
Country
25: USA

2a. Mailing Address
26: P.O. Box 1332
Suite, Apt. #, etc.
27:
City & State
28: New Smyrna Beach, FL
Zip
29: 32170
Country
30: USA

4. FEI Number: 59-3388803 ☐ 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

RUTAN, BETTE B
11826 S.W. 99TH STREET
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: Bette Brock Rutan
82 Street Address (P.O. Box Number is Not Acceptable): 847 Haddock Avenue
83
84 City: New Smyrna Beach, FL
85 Zip Code: 32169

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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President/D	☒ Change ☐ Addition
NAME	RUTAN, BETTE B		1.2 NAME	Bette Brock Rutan	
STREET ADDRESS	11826 S.W. 99TH STREET		1.3 STREET ADDRESS	847 Haddock Avenue	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHIALASTRI, CARLOS		2.2 NAME		
STREET ADDRESS	250 CATALONIA AVE., STE. 305		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BROCK, PAUL W		3.2 NAME	Paul W. Brock	
STREET ADDRESS	2345 BERING DR., #621		3.3 STREET ADDRESS	6550 Fannin, Suite 1003	
CITY-ST-ZIP	HOUSTON TX 77057		3.4 CITY-ST-ZIP	Houston, TX 77030	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______________________ 8/2/96 (904) 409-8314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #