
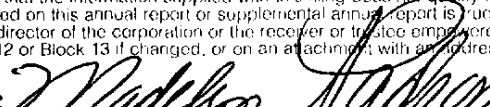


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000043527 (7)			
1. Corporation Name DOMINGO PADRON ART APPRAISAL & CONSULTANT INC.			
Principal Place of Business 417 S.E. 4TH ST HIALEAH FL 33010		Mailing Address 417 S.E. 4TH ST HIALEAH FL 33010	
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/06/1995		3a. Date of Last Report	
4. FEI Number 65-0587603		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PADRON, DOMINGO P 417 S.E. 4TH ST. HIALEAH, FL 33010		10. Name and Address of New Registered Agent 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 607.0502 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 title if applicable (NOTE: Registered Agent's signature required when re-stating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PADRON, DOMINGO P		12 NAME	
STREET ADDRESS: 417 S.E. 4TH ST.		13 STREET ADDRESS	
CITY-ST-ZIP: HIALEAH, FL 33010		14 CITY-ST-ZIP	
TITLE: TREASURER <input type="checkbox"/> DELETE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PADRON, FARAH M.		22 NAME	
STREET ADDRESS: 417 S.E. 4TH ST.		23 STREET ADDRESS	
CITY-ST-ZIP: HIALEAH, FL 33010		24 CITY-ST-ZIP	
TITLE: VICE-PRESIDENT <input type="checkbox"/> DELETE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PADRON, MADELYN		32 NAME	
STREET ADDRESS: 417 S.E. 4TH ST.		33 STREET ADDRESS	
CITY-ST-ZIP: HIALEAH, FL 33010		34 CITY-ST-ZIP	
TITLE: SECRETARY <input type="checkbox"/> DELETE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PADRON, ZOILA		42 NAME	
STREET ADDRESS: 417 S.E. 4TH ST.		43 STREET ADDRESS	
CITY-ST-ZIP: HIALEAH, FL 33010		44 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52 NAME	
STREET ADDRESS:		53 STREET ADDRESS	
CITY-ST-ZIP:		54 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62 NAME	
STREET ADDRESS:		63 STREET ADDRESS	
CITY-ST-ZIP:		64 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 		04/26/97 (305) 444-9360	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CR2E034 (9/96)

RAY 5-1-97

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