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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

PRO-ARTE HISPANO DE PALM BEACH, INC.

Principal Place of Business

874 SUMMA STREET

Mailing Address

374 SUMMA STREET

FILED Apr 28 1997 8:00am Secretary of State



ALEST LYTH R	SEACH FL 33405	MEST PALM BEACH FL	33405-4936						
						3. Date Incorporated or Qualified 07/13/1995		ate of Last 14/1996	
	lace of Business	2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
21 <i>56 / 2</i> Suite, Apt.		Suite, Apt. #, etc.				65-0588370			Not Applicable
22	OUITE 101	27				5. Certificate of Status Desired			Additional Required
City & State	. P. B. FL.	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be od to Fees
^{Zip} 334	205 Country	Zip 29	30	ntry		8. This corporation has liability for in Florida Statutes	intangible Yes		s. 199.032,
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Re	gistered .	Agent	
	CAINO, MARIA A			81 N	ame				
374 SUMMA STREET WEST PALM BEACH FL 33405				82 S	treet Addre	ess (P.O. Box Number is Not Acceptab	ole)		
7,50	71 17 mm 0 0 10 11 1 0 0 10 0		•	83	•			 -	
				84 C	ity		FL	85 Zij	p Code
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	e and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	ites, the ab authorized lorida Stati	iove-na by the utes.	rmed corpo e corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of the app	changing ointment a	its registered as registered
SIGNATURE	Signature, typed or printed name of registered agent	nt and toe if applicable (NO	I£. Registered	Agent sid	mature require	ed when reinstating)	DATE.		
12.	OFFICERS AND		13.		y ration or require	ADDITIONS/CHANGES TO OFFIC	-	DIRECTO	ORS IN 12
TITLE	DP	DELETE	1.1 101	LÉ				Change	
NAME	VIZCAINO, MARIA A		1.2 NA	ME	İ				
STREET ADDRESS	374 SUMMA STREET		1.3 ST	HEFT ADD	RESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33405			Y - ST - ZIF	·				
TITLE	VIZCAINO, ROGELIO A	DELETE	2.1 111					Change	e 🔲 Addition
NAME STREET ADDRESS	374 SUMMA STREET		2.2 NA						
CITY-ST-ZIP	WEST PALM BEACH FL 33405			REET ADD					
TITLE		DELETE	3.1 TIT	Y-S]-7 E	<u> </u>			Change	e . Addition
NAME		_	3.2 NA						, La riddition
STREET ADDRESS			3.3 \$1	EET ADD	RE\$S				
CITY-ST-ZIP			3.4. CI	iy - \$1 - 21	P				
TITLE		DELETE	4.1 TH	LE				Change	e 🔲 Addition
NAME			4. 2 N/	.ME					
STREET ADDRESS			4.3 ST	REET ADD	RESS				
CITY-ST-ZIP		D prope		Y - ST - ZII	·				
TITLE		□ DELFTE	5.1 TiT					Change	e L Addition
NAME CTOSET ADDDSCC			5.2 NA						
STREET ADDRESS CITY-ST-ZIP				REET ADDI					
TITLE		DELETE	6.1 TIT	Y-ST-ZIF	-			Change	e 🔲 Addition
NAME			6.2 NA					Vitaligo Compo	
STREET ADDRESS				reet addi	RESS				
CITY-ST-ZIP				Y-S1-ZIF	1				
			0.011						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.