

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P96000028389 (0)**

1. Corporation Name

**A WEDDING GALLERY, CORP.**

98 DEC -7 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**120 MIRACLE MILE  
CORAL GABLES FL 33134  
US**

Mailing Address  
**120 MIRACLE MILE  
CORAL GABLES FL 33134  
US**

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  
**04/02/1996**

4. FEI Number  
**65-0656134**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**MARTINEZ, MARILYN B  
120 MIRACLE MILE  
CORAL GABLES FL 33134**

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 date of signature

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
TOWNSON DE SUGER, MICHELLE  
4225 S.W. 103RD COURT  
MIAMI FL 33165**

**PD  
MARTINEZ, MARILYN B  
4225 S.W. 103RD COURT  
MIAMI FL 33165**

**PD  
MARTINEZ, EDDY  
4225 S.W. 103RD COURT  
MIAMI FL 33165**

**PD  
SUGER, CARLOS  
4225 S.W. 103RD COURT  
MIAMI FL 33165**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**120 Miracle Mile  
Coral Gables, FL 33134**

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Coral Gables, FL 33134**

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Coral Gables, FL 33134**

**120 Miracle Mile  
Coral Gables, FL 33134**

**800002709648-8  
-12/11/98-01004-011  
\*\*\*\*750.00 \*\*\*\*750.00**

14. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/98

Date

(305) 447-4111

Daytime Phone #

CR2E034 (5/98)