

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
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DOCUMENT # P96000044888

1. Corporation Name

FLORIDA HOME GALLERY, INC.

FILED

97 MAY -2 PM 3:55

SECRETARY OF STATE



Principal Place of Business	Mailing Address
7930 N.W. 36 Street Miami, Florida 33166	7930 N.W. 36 Street Miami, Florida 33166

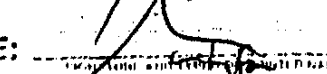
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. 3395 N.W. 79 Avenue		26. 3395 N.W. 79 Avenue		May 20, 1996		N/A	
22. N/A		27. N/A		4. FEI Number		Added For	
23. Miami, Florida		28. Miami, Florida		65-0686223		Not Added	
24. 33122		29. 33122		5. Certificate of Status Desired		58.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
				8. This corporation has liability for unpaid taxes under s. 193.002 Florida Statutes		Yes ☐ No ☒	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBERT D. SLEWETT, Esq. 767 Arthur Godfrey Road Miami Beach, Florida 33140			

11. I, the undersigned, do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes, I further certify that the information and caption 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.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D/P	TITLE	
NAME	Angel Martinez	NAME	
STREET ADDRESS	3395 N.W. 79 Ave.	STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33122	CITY-STATE-ZIP	
TITLE	D/VP	TITLE	
NAME	Miro Malca	NAME	
STREET ADDRESS	3395 N.W. 79 Ave.	STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33122	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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)(a), Florida Statutes, I further certify that the information and caption 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:  4/30/97 (305) 538-2344