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

FILED
97 MAY -2 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044888

1. Corporation Name
FLORIDA HOME GALLERY, INC.

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

Mailing Address
~~7930 N.W. 36 Street~~
~~Miami, Florida 33166~~

3. Date Incorporated or Qualified: May 20, 1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 3395 N.W. 79 Avenue	26 3395 N.W. 79 Avenue
Suite, Apt. # etc. 22 N/A	Suite, Apt. # etc. 27 N/A
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33122 County 25	Zip 29 33122 Country 30

4. FEI Number: 65-0686223 ☐ 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

ROBERT D. SLEWETT, Esq.
767 Arthur Godfrey Road
Miami Beach, Florida 33140

10. Name and Address of New Registered Agent
51 Name
52 Street Address (P.O. Box Number is Not Acceptable)
53
54 City 55 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 and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D/P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Angel Martinez	1.2 NAME	
STREET ADDRESS	3395 N.W. 79 Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33122	1.4 CITY-ST-ZIP	
TITLE	D/VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Miro Malca	2.2 NAME	
STREET ADDRESS	3395 N.W. 79 Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33122	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	400002168144 -05/06/97--01110--027 ****165.00 ****165.00
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	

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 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) 4/30/97 (Date) (305) 538-2344 (Daytime Phone #)