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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortkam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000048170 (0)

ENZO GALLO FINE ART, INC.

## FILED Jun 11 1997 8:00am Secretary of State

		X				
Principal Place of Business 27 STAR ISLAND MIAMI BEACH FL 33139		Mailing Address 27 STAR ISLAND MIAMI BEACH FL 33139-5146			· ·	
					3. Date Incorporated or Qualified 06/06/1996	3a. Date of Last Report
2, Principal P 21 388	lace of Business MIRACLE	1,LE	28. Mailing Address M	IRACLE MILE	4. FEI Number 65 · 067 28 93	Applied For Not Applicable
Suite, Apt.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		C	City & State	Grades FL	6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip.	COUL GABLES	H2.	28 CORAL C		Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24 331	34 25	USA	29 33134	Country U.S.A	Florida Statutes	Yes Yo
. 004	9, Name and Add	Ireas of Current R	egistered Agent	81 Name ./	10. Name and Address of New Re	gistered Agent
1150 5 MAILANDALE ROW RIVE						
SUIT				82 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)
` HAL	LANDALE FL 3300	)		83		· · · · · · · · · · · · · · · · · · ·
	_			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Se	octions 607.0502 a	nd 607,1508, Florida Statute	es, the above-named corp	oration submits this statement for the p	purpose of changing its registered
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, or familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
12.	Signature, typed or printed ru	one of registered agent at OFFICERS AND D		: Rogistered Agent signature require	ed when reinstallig) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	D		DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GALLO, JULIO F	Precid	mT)	1.2 NAME		
STREET ADDRESS	27 STAR ISLAND			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	. 33139		1.4 CITY-ST-ZIP		
TITLE	GALLO, BR	UNO V.	☐ DELETE	2.1 TITLE		Change Addition
NAME	ISEI BRICKE	EL Ave of	10+	2.2 NAME		
STREET ADDRESS	MIAMI FL	33129 (5	sec (Ires.)	2.3 STREET ADDRESS ,		
CITY-ST-ZIP			DELETE	2. 4 C(1Y - S1 - Z)P	•	Discount of Addition
TITLE			LJ OELEIE	3.1 TITLE		Change Addition
NAME STOCKY ADDRESS				3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS (				3.4 CITY-ST-ZIP		
TITLE			DELETE	4.1 TITLE		Change Addition
NAME			_	4 2 NAME		
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		<del></del>	Distinct	5.4 CITY - ST - ZIP		Dolari Plane
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
14. I do heret	ov certify that the info	mation supplied w	ith this filing does not qualif	6.4 CITY-ST-ZIP v for the exemption stated	in Section 119.07(3)(i), Florida Statute	s. 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 it made under eath; that I am an officer or director of the corporation or the occurrence of 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 effect ment with an address.						