2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90392 010 ***150.00

DOCUMENT # P97000004183

1. Entity Name
LATIN AMERICAN ART ASSOCIATION-LART-CORP.

Principal Place of Business
P.O. BOX 403021
MIAMI BEACH, FL 33140

Mailing Address
P.O. BOX 403021
MIAMI BEACH, FL 33140

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
16850-112 Collins Av	16850-112 Collins Av
Suite, Apt #, etc. Suite 308	Suite, Apt #, etc. Suite 308
City & State SUNNY ISLES	City & State SUNNY ISLES
Zip 33160 Country USA	Zip 33160 Country USA

4. FEI Number 65-0742015 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAFAEL, VEGA
500 BISCAYNE DRIVE APT. 117
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VEGA, RAFAEL		NAME	
STREET ADDRESS	4747 COLLINS AVE. APT. 1007		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VEGA, GLORIA		NAME	
STREET ADDRESS	4747 COLLINS AVE., APT. 1007		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Vega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date