

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000064779

1. Entity Name
CORAL GABLES INTERNATIONAL ART CENTER, INC.



Principal Place of Business

5527 SW 8TH ST.
MIAMI, FL 33134

Mailing Address

7270 NW 12TH ST., STE. 650
MIAMI, FL 33126

FILED

04 DEC -2 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0770219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BESKIN, JAY R
BESKIN, LEWIS, & KRACOFF, PA
8220 STATE RD #84 ST 302
FORT LAUDERDALE, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CASTRO, FRED
7270 NW 12TH ST., STE. 650
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

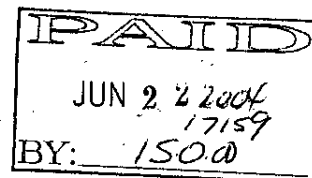
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REINSTATEMENT 04

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IN THIS SPACE**



12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/04 (305) 471-7323



INTERNATIONAL ART CENTER

Miami • Atlanta • Costa Rica
• Washington DC

December 3, 2004

Mr. Tyrone Scott
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Re: Coral Gables International Art Centers

Dear Mr. Scott:

As per our conversation today please find enclosed a copy of the annual report submitted to the state with our check #17159 which was cashed in July 1st.

May I also please request that our mainly address be corrected to reflect 5527 S.W. 8th St. Miami, FL 33134. We have been at this address for the past two years.

I thank you for your anticipated assistance.

Sincerely,

Fred Castro
Administrator
**CORAL GABLES INTERNATIONAL
ART CENTERS**

FC: km