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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90086 024 \*\*\*150.00

## DOCUMENT # P97000071844

ART DEPOT USA, INC.

Principal Place of Business Mailing Address									
5504 SW 84TH DR. 5504 SW 84TH DR									
GAINESVILLE FL 32608 GAINESVILLE FL 32608						DO NOT WRITE IN THIS SPACE			
U\$						3. Date Incorporated or Qualifed			
						'	eu		
2 Dissipal D	lace of Business	2a. Mailing Address				08/19/1997 4. FEI Number		Δni	plied For
	lace of Business	26				59-3467748			t Applicable
Suite, Apt.	#∍etc.	Suite, Apt. #, etc.	<del></del>					\$8.75 A	
22						5. Certifcate of Status Desired	' 🗶 .	Fee Re	quired
City & Stat		City & State	ity & State			6. Election Campaign Financir	ng m	\$5.00	Мау Ве
23		28				. Trust Fund Contribution	<u>"                                    </u>	Added to	o Fees
Zip	. — — — — — — — — — — — — — — — — — — —			79 8. This corporation owes the current ye			current year Ir		
24	25		30			Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent		31 Na	me	10. Name and Address of Ne	w Registered	Agent	
CDA	MACE ILIAN I			Na INa	me				
GRAMAGE, JUAN J 5504 SW 84TH DR.			8	32 St	eet Addre	dress (P.O. Box Number is Not Acceptable)			
	NESVILLE FL 32608		L	33				_	
a an	4ESVILLE I E 32006			23				•	
1			8	34 Cit	у		FI	85 Zip 0	Code
11 Dumunt	to the provisions of Sections 607.050	32 and 607 1508 Florida Statute	se the abo	No-nar	ned corpo	oration submits this statement for t	be numose o	f changing its	registered
l office or r	registered agent, or both, in the State	of Florida. Such change was au	unonzea t	by the (	orporation	n's board of directors. I hereby ac	cept the appo	intment as reg	gistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ioa Statuti	es.					}
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE:	Registered A	gent signs	ture required	when reinstating)	DATE		}
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE:	Registered A	gent signs	ture required	when reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	PRS IN 12
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14. 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 annual report or supplemental annual report is title 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 empty weren 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, with all other like empowered.

SIGNATURE: