**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000063196

PABLO DE ECHEVARRIA FINE ARTS, INC.

Principal Place of Business	Mailing Address
2925 FLAMINGO DR.	2925 FLANINGO DR.
MIAMI BEACH FL 33140	MIAMI BEACH FL 3314

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90070 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/15/1998 4. FEI Number Applied For 2a. Malling Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year intangible Country Zin ☐ Yes 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Nama FELDENKRAIS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5201 BLUE LAGOON DR., STE. 100 MIAMI FL 33126 83 85 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 heraby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ture, typed or printed name of registered agent and title if applica ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. ☐ Change DELETE 1.1 TITLE TITLE President PARLO DO BUNDUARIA 1.2 NAME MAME BUZS FLAMINGO DR 1.3 STREET ADDRESS STREET ADDRESS HIMMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition TITLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE 3.2 NAME STREET ADORES 3.3 STREET ACCRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 61 TIDE TITLE 8.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 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 of 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, with all other like empowered.