

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:10

DOCUMENT # **V15549** (1)

1. Corporation Name
DORAL PARK FRAME & GALLERY, INC.

Principal Place of Business
**9709 NW 41st Street
102
MIAMI FL 33178**

Mailing Address
**7925 NW 12 STREET
SUITE 324
MIAMI FL 33126**

DO NOT WRITE IN THESE SPACES

3. Date incorporated or organized: **02/20/1992** 3a. Date of Last Report: **05/01/1994**

4. FFI Number: **65-0324173** Applicable? Not Applicable

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

6. Franchise Corporation? **\$5.00 May Be Added to Fees**

7. This corporation has liability for ad valorem tax under Florida Statute: Yes No

2. Principal Place of Business
21 **9709 NW 41st Street**

2a. Mailing Address
26 **7925 NW 12 STREET**

22 Suite, Apt. #, etc. **102** 27 Suite, Apt. #, etc. **324**

23 City & State **MIAMI, FLORIDA** 28 City & State **MIAMI, FLORIDA**

24 Zip **33178** 25 Country Country **USA** 29 Zip **33126** 30 Country

9. Name and Address of Current Registered Agent
**HEINSEN, FRANKLYN
7925 NW 12 STREET
SUITE 324
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number if Not Acceptable)

83

84 City

85 State **FL** Zip Code

11. Pursuant to the provisions of Sections 607.050(2) and 607.15(8), Florida Statutes, the above named corporation admits 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, in accordance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent (registered agent with address) or if not registered agent, of the corporation (with address)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD HEINSEN, FRANKLYN 7925 NW 12 STREET # 324 MIAMI FL 33126	1. TITLE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	VD HEINSEN, HILDA 7925 NW 12 STREET # 324 MIAMI FL 33126	5. TITLE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE	SD HEINSEN, OLAF 7925 NW 12 STREET # 324 MIAMI FL 33126	9. TITLE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information contained in this annual report or supplemental annual report is true and correct, and that the signature of each officer or director is true and correct. I, the undersigned, hereby certify that the information contained in this annual report or supplemental annual report is true and correct, and that the signature of each officer or director is true and correct.

SIGNATURE: *Franklyn Heinsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95