

PROFIT CORPORATION ANNUAL REPORT 199



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

APPROVED AND FILED

98 NOV 19 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-97000064542(4)

1. Corporation Name
ART & GARAGE, INC

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
800 N.E 195 ST #706 NORTH MIAMI BEACH FL. 33179		SAME		7/25/97			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21. N/A		26. 800 N.E 195 ST					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22.		27. #706		<input checked="" type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23.		28. N.M. Beach		<input type="checkbox"/>			
Zip		Zip		7. This corporation has liability for intangible tax under s. 189.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24.		29. 33179		Country		29. Dade	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EDNA TROFINO 1700 DAYTONA ROAD M.B FL. 33141				81. Name EDNA TROFINO			
				82. Street Address (P.O. Box Number is Not Acceptable) 800 N.E 195 ST			
				83. #706			
				84. City N.M. Beach FL 85. Zip Code 33179			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA TROFINO	1.2 NAME	
STREET ADDRESS	800 N.E 195 ST #706	1.3 STREET ADDRESS	
CITY-ST-ZIP	N.M. BEACH FL 33179	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	700002698327-3
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-12/01/98-01012-014
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	***158.75 ***158.75
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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.

SIGNATURE: _____

ART & GARAGE, INC
800 N.E 195 ST. SUITE 706
N. MIAMI BEACH - FL 33179

November 16, 1998

To
Florida Department of State
Department of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

Dear Sir.

This note is to inform that I never receive a notice from Department of Corporation said that I had to paid an Annual Report. I was believe that was not charges in future.

I explain by phone this situation and recommend to mail this note with an explanation and a check of \$158.75 to reinstate the corporation.

Edna Trofino.
President