DOCUMENT # N37012 1. Entity Name

MUSCHM

INTERNATIONAL FINE ARTS COLLEGE HISTORICAL COSTUME, Inc.

FILED Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90006 031 ****70.00

Principal Place of Business

Mailing Address

1737 N BAYSHORE DR MIAMI FL 33132-6883

SIGNATURE:

1737 N BAYSHORE DR MIAMI FL 33132-6883

2. Principal Place of Business 3. Mailing Address							- 						
2. Principal P	race of Busin	iess	3. Maiini	3. Mailing Address									
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS SE	PACE			
City & State	e		City &	City & State			CE 0407000			plied For t Applicable	-		
Zip		Country	Zip		Country	Country 5. Certificate c		of Status Desired \$8.75 Addition Fee Required			1		
	6. Name	and Address of Curr	ent Registered		7. Name and Address of New Registered Agent								
		<u> </u>			Nar	ne						1	
PORTER, EDWARD 1737 N BAYSHORE DR MIAMI FL 33132-6883						Street Address (P.O. Box Number is Not Acceptable)						1	
												1	
							. <u> </u>			T = 0-1		4	
						′	. F				Zip Code		
8. The above	named entit	y submits this statemer	nt for the purpos	e of changing its re	eaistered offi	ce or registe	ered agent, or bot	h, in the state of F	lorida.			1	
		,			•		•						
												1	
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age							ad when reinstailing)		DATE			1	
									Ob a ala O			4	
	FILE		I	 Election Campaign Financir Trust Fund Contribution. 			00 May Be ed to Fees		ce Check Pa epartment c			1	
	FEE IS	\$61.25	"	ust i uno continuo	tion.	- Aude	0 10 F885		spartment t	JI State		1	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CH/	ANGES TO OFFICE	ERS AND DIRI	ECTORS IN	10	1		
TITLE	D			☐ Delete	TITLE					Change	Addition	18	
NAME	_	S, CHARLENE			NAME							9	
STREET ADDRESS		BAYSHORE DR.			STREET ADDR	ESS						37 (
CITY-ST-ZIP	MIAMI FL				CITY-ST-ZIP							CR2E037 (10/00)	
TITLE	PD			☐ Delete	TITLE					Change	☐ Addition	18	
NAME		SIR EDWARD			NAME	- [1	
STREET ADDRESS		BAYSHORE DR.	-		STREET ADDR	ESS	نبه حصوب		•				
CITY-ST-ZIP	MIAMI FL	·			CITY-ST-ZIP							┨	
TITLE	D	AANIA 1		☐ Delete	TITLE					☐ Change	☐ Addition		
NAME	PORTER,				NAME STREET ADDR	rec							
STREET ADDRESS CITY-ST-ZIP	4736 N. E	CH FL 33140			CITY-ST-ZIP	233							
TITLE	MIAMI DO	/T FL 33 140		☐ Delete	TITLE					Change	☐ Addition	1	
NAME				□ Delete	NAME					onlingo		-	
STREET ADDRESS					STREET ADDR	ESS						į	
CITY-ST-ZIP					CITY-ST-ZIP								
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NAME		p ^m			NAME							1	
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CITY-ST-ZIP		***************************************			CITY-ST-ZIP							1	
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CITY-ST-ZIP			111 41 2 201		CITY-ST-ZIP			N Fladda Otto	1.6. material and 1.00		formation	{	
12. I hereby certify that the information supplied with this filling 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 617, 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.												1	
changed,	or on an atta	chment with an addre	ss, with all other	like empoyered.	Ť			1					

Edward Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

114/00

Date

305 373 4684

Daytime Phone #