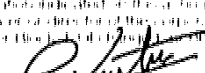


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S49686 (6)		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 JAN 17 AM 11:45	
1. Corporation Name ICET ARTE MURANO, INC.		DO NOT WRITE IN THIS SPACE	
Principal Place of Business 10065 NW 46 ST. STE. #306 MIAMI FL 33178		Mailing Address 10065 NW 46 ST. STE. #306 MIAMI FL 33178	
2. Principal Place of Business 21. State Apt #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. State Apt #, etc. 27. City & State 28. Zip 29. Country	
3. Date Incorporated or Qualified 04/30/1991		3a. Date of Last Report 06/13/1994	
4. FEI Number 65-0291366		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent ABRAMSON, EDWARD J 7270 NW 12TH ST., #580 AIRPORT EXECUTIVE TOWER 2 MIAMI FL 33126		10. Name and Address of Now Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	
11. Pursuant to the provisions of Sections 607.0507 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 hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE Registered Agent: _____ Registered Agent: _____ Secretary: _____			
12. OFFICERS AND DIRECTORS 1. NAME KUSTER, GUSTAVO A 2. STREET ADDRESS 10065 NW 46TH ST. #306 3. CITY, ST., ZIP MIAMI FL 33131 4. NAME KUSTER, WILLY A 5. STREET ADDRESS 4TA AVENIDA DE LOS PALOS 6. CITY, ST., ZIP CARACAS, VENEZUELA 7. NAME KUSTER, LINA N 8. STREET ADDRESS 4TA AVENIDA DE LOS PALOS 9. CITY, ST., ZIP CARACAS, VENEZUELA		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1. NAME 2. STREET ADDRESS 3. CITY, ST., ZIP 4. NAME 5. STREET ADDRESS 6. CITY, ST., ZIP 7. NAME 8. STREET ADDRESS 9. CITY, ST., ZIP 10. NAME 11. STREET ADDRESS 12. CITY, ST., ZIP 13. NAME 14. STREET ADDRESS 15. CITY, ST., ZIP 16. NAME 17. STREET ADDRESS 18. CITY, ST., ZIP 19. NAME 20. STREET ADDRESS 21. CITY, ST., ZIP 22. NAME 23. STREET ADDRESS 24. CITY, ST., ZIP 25. NAME 26. STREET ADDRESS 27. CITY, ST., ZIP 28. NAME 29. STREET ADDRESS 30. CITY, ST., ZIP	
14. I hereby certify that the information supplied is true, being personally furnished and does not equal, for the reasons stated in Sections 199.032 and 199.033, Florida Statutes. I further certify that the information indicated in this report is complete and correct and that my signature shall have the same legal effect as if made under oath. That I am an authorized officer of this corporation or the registered broker empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 13, or Block 14, of this report.			
SIGNATURE: 		GUSTAVO A. KUSTER 01-07-95 305-597-9014	