FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90063 008 ***150.00

| Į 1. Corpor itio | |) | | | | |
|----------------------------|---|------------------------------------|---------------------------------|---|-----------------------|------------------|
| MIAMI E | BON-ART STUDIO INC | | | | | |
| Principal Flac | e of Business | Mailing Address | | | t mamel mynyt manst h | ilatt ätäti läät |
| 10757 SW 188 | | 10757 SW 188TH ST | | | | |
| MIAMI FL 3315 | | MIAMI FL 33157 | | | | |
| į | | | | DO NOT WRITE IN THE | S SPACE | |
|] | | | | Date Incorporated or Qualified 10/27/1952 | | |
| Drington (D | Place of Business | 2a. Mailing Address | | 10/27/1992 4. FEI Number | TAN | plied For |
| <u> </u> | race of Business | 26. Mailing Address | | 59-0681815 | 1 | : Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | \$8.75 A | |
| 22 | <i>n</i> , 610. | 27 | | 5. Certifcate of Status Desired | Fee Re | - ' |
| City & Stat | te | City & State | | 6. Electic n Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | ntangible | |
| 24 | 25 | 29 | 30 | Personal Property Tax. | Yes | □No |
| | 9. Name and Adcress of Curre | ni Registered Agent | | 10. Name and Address of New Registers | d Agent | |
| 14.41 | 2011 | | 81 Name | | | |
| | SON, L.J. JR. | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| 11340 SW 128 STREET | | | 0.00071 | | | |
| MIA | MI FL 33176 | | 83 | | | |
| | | | 84 City | | . 85 Zip C | `abr |
| | | | 84 City | F | | ,,,,,, |
| office cri agent. a | im familiar with, and accept the obliga | ations of, Section 607.0505, Flori | da Statutes. | rporation submits this statement for the purpose tion's board of directors. I hereby accept the app | ointment as rec | j stered |
| <u> </u> | Signature, typed or printed na ne of registered age | | Registered Agent signature requ | | ND DIRECTO | F & IN 12 |
| 12. | OFFICERS AF | NE DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | Change | Addition |
| TITLE | WILSON, NORA | | | | Поненде | |
| NAME | 44040 OH 400TH OT | | 1.2 NAME | | | |
| STREET ADORESS | MIAMI FL | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PD | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change | Addition |
| NAME | WILSON, JR., L.J. | C VELL | 2.2 NAME | | | |
| | AADAO OWI ADOTU OT | | 2.3 STREET ADDRESS | | | |
| STREET ADDRESS | MIAMI, FL 00000 | | | | | |
| CITY-ST-ZIP TITLE | , , , , , , , , , , , , , , , , , , , | DELETE | 2.4 CITY-ST-ZIP 3.1 TITLE | | Change | Addition |
| NAME | | _ 0222.2 | 3.2 NAME | | | _ |
| | <u> </u> | | 3.3 STREET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 41 TIFLE | | Change | Addition |
| NAME | | _ | 4. 2 NAME | | | |
| STREET ADDRESS | 1 | | 4 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CiTY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change | Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change | ☐ Addition |
| NAME | | _ | 62 NAME | | | |
| STREET ADDRES | 1 | | 6.3 STREET ADDRESS | | | ļ |
| | | | 64 CITY-ST-ZIP | | | |
| CITY-ST-ZIP | î . | | 3 . 47, 1 | | | |

14. 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 uncer coath; 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, with all other like empowered.

SIGNATURE:

NATUS E AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR