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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 381668

(3)

WARD AND TAYLOR ANTIQUES, INC.											
Principal Place of Business 3860 AVOCADO AVENUE COCONUT GROVE FL 33133			36	Mailing Address 3660 AVOCADO AVENUE COCONUT GROVE FL 33133-6206			- 1 HORANA HIJAH (DIJUT HITIK DININ NAHA) - -	(B)(B(B() \$4E	AF BUDUI BUDIT BARFA A	1011 1001	
								3. Date incorporated or Qualifie 05/06/1971	d 3a. 0	Date of Last Re 2/06/1996	port
	2. Principal Place of Business			2a. Mailing Address			4. FEI Number 59-1378728) -	plied For	
Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	t Applicable additional	
City & State			27	27 City & State					Fee Re		
23]			28	•			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	·1			Zip Country				8. This corporation has liability for Intangible tax under s. 199.032,			
24	25 g. Name and Address of Curre			29 30 sepistered Agent				Florida Statutes X Yes No 10. Name and Address of New Registered Agent			
HEB	BERLING, OTT	O, JR			1	81	Name				
2633 SW 31 AVENUE				82 Street Add			Street Addre	ess (P.O. Box Number is Not Accep	table)		
MIAMI FL 33133					h	B3	,	<u> </u>	······································	 ~	
[-	84	City			85 Zip (ode
11 Pursuant	to the provisor	is of Sections 607.0	502 and 6	07.1508. Florida Statut	es, the ab	ove	named corp	oration submits this statement for th	e purpose	of changing its	s registered
office or n agent. La	egistered agen m familiar with,	t, or both, in the Sta and accept the obl	ite of Flori igations o	da. Such change was a f, Section 607.0505, Fl	authorized orida Statu	by ites	the corporation	oration submits this statement for th on's board of directors. I hereby ac	cept the a	ppointment as	registered
SIGNATURE	Signature typicalor	printed frame of registered i	agent and title	if applicable. (NOT	E: Registered	Ager	nt signature require	ed when reinstating)	DATE		
12.	- RA	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OF	FICERS A		-
TITLE	PD HERERIING	RUSSELL W		DELETE	1.1 TITU					Change	Addition
NAME S'REET ADDRESS		ADO AVENUE			1.2 NAM 1.3 STR		ADDRESS				
CITY-SI-ZIP	MIAMI FL				1.4 C/T		ì				
T-TLF	STD			☐ DELETE	2 1 TJT(LΕ			····	Change	Addition
NAME	HEBERLING 2633 SW 3	3, OTTO JR.			22 NA)	38	ŀ				
STREET ADDRESS		I AVENUE									
	i miami fl					EET	ADDRESS		÷		
CITY-SI-7+* THILE	MIAMI FL	THE PERSON AND ADDRESS OF THE PERSON OF THE		DELETE	2.3 STR 2.4 C/T 3.1 T/T/	EET /	•			☐ Change	Addition
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THILE	MIAMI FL			☐ DELETE	2. 4 C/T 3.1 T/T/ 3.2 NA	REET / (Y-\$) Le Me	•			☐ Change	
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THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL			☐ DELETE	2. 4 Cff 3.1 Tff 3.2 NAF 3.3 STF 3.4 Cff 4.1 Tff	Y-SI LE VIE REET /	T-ZIP ADDRESS F-ZIP			Change	
THE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME	MIAMI FL				2. 4 Cri 3.1 Titi 3.2 NAI 3.3 STR 3.4 Cri 4.1 Titi 4. 2 NA	Y-SI LE VIE REET / Y-SI LE	T-ZIP ADDRESS F-ZIP				Addition
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL			☐ DELETE	2. 4 Cri 3.1 Titi 3.2 NAI 3.3 STR 3.4 Cri 4.1 Titi 4. 2 NA	TY-S LE ME REET / LE ME ME ME ME	T-ZIP ADDRESS T-ZIP ADDRESS		-		Addition
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14. I do 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 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: Russellu Weberling Russell w. Heberling 4-9-7 (305) 948-7934