

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F95000005359 (3)

1. Corporation Name
DYANSEN FINE ART AUCTION, INC.



Principal Place of Business 3001 WEST GRAND BLVD., SUITE 321 ATTN: KELLY NICOL DETROIT MI 48202	Mailing Address 3011 W. GRAND BLVD., #321 DETROIT MI 48202
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1995

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

4. FEI Number 13-3718335	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SCHUSTER, EUGENE I	
STREET ADDRESS	1900 N ATLANTIC BLVD #2	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, MICHAEL J	
STREET ADDRESS	2075 SUTTER ST., APT 535	
CITY-ST-ZIP	SAN FRANCISCO CA 94115	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOLDBERG, F. JOAN	
STREET ADDRESS	12215 174TH CT N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SCHUSTER, MONIS	
STREET ADDRESS	29900 FRANKLIN RD #128	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	VI	<input type="checkbox"/> DELETE
NAME	ADDARIO, JOHN	
STREET ADDRESS	28 WITSON ST	
CITY-ST-ZIP	FOREST HILLS NY 11375	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZARGARIAN, H. RON	
STREET ADDRESS	400 E 57TH ST #9M	
CITY-ST-ZIP	NEW YORK NY 10022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a address.

SIGNATURE:  REQUIRED

1/9/98

Date Daytime Phone # 0501837

CR2E034 (10/97)