FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 4:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J34321 (6)

1. Corporation Name
FINE ARTS HOLDING CORP.

Principal Place of Business	Mailing Address
226 LINCOLN ROAD MIAMI BEACH FL 33139	226 LINCOLN ROAD MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1986
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business
21: 124 EAST FLAGLER STREET
22: Suite, Apt. #, etc.
23: MIAMI, FLORIDA
24: Zip 33131
25: Country U.S.

2a. Mailing Address
26: 124 EAST FLAGLER STREET
27: Suite, Apt. #, etc.
28: MIAMI, FLORIDA
29: Zip 33131
30: Country U.S.

4. FEI Number: 59-2754166 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAKA, SANDY
226 LINCOLN ROAD
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: SAKA, SANDY
82 Street Address (P.O. Box Number is Not Acceptable): 124 EAST FLAGLER STREET
83:
84 City: MIAMI FL 85 Zip Code: 33131

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SAKA, BECKY	1.2 NAME	SAKA, BECKY
STREET ADDRESS	226 LINCOLN ROAD	1.3 STREET ADDRESS	124 EAST FLAGLER STREET
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131
TITLE	VSD	2.1 TITLE	VSD ☒ Change ☐ Addition
NAME	SAKA, SANDY	2.2 NAME	SAKA, SANDY
STREET ADDRESS	226 LINCOLN ROAD	2.3 STREET ADDRESS	124 EAST FLAGLER STREET
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	SAKA, SAMUEL	3.2 NAME	SAKA, SAMUEL
STREET ADDRESS	226 LINCOLN ROAD	3.3 STREET ADDRESS	124 EAST FLAGLER STREET
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: SANDY SAKA DATE: 2/1/1995 (305) 579-9080
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0748828 CP