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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J34321

(6)

FINE ARTS HOLDING CORP.

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| Feb 19 1998 8:0 | 00am | | | | | | | |
| Secretary of S | tate | | | | | | | |

| Principal Place of Business Mailing Address | | | | { 1881119 \$100 \$1141 \$100\$ \$1116 \$1001 \$161 \$ | o i di t eldir bibli b il | | #1011 10 3 1 | | | | | |
|---|--|--------------------|-------------------------|---|---|--------------|----------------------------------|---|---------------|------------------|------------|--|
| 124 EAST FL | AGLER STREET | 1: | 124 EAST FLAGLER STREET | | | | | | | | | |
| MIAMI FL 33131 MIAMI FL 33131 | | | | | DO NOT INDITE IN THIS SPACE | | | | | | | |
| US | | U | \$ | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | |
|] | | | | | | | | 09/22/1986 | | | | |
| 2. Principal Place of Business 2a. Mailir | | | Mailing Address | ···· | | | | 4. FEI Number | | Ann | lied For | |
| 21 | | | 26 | | | | | 59-2754166 | - | | Applicable | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | • • | □ \$8. | 75 Ac | ditional | | |
| 22 | | 27 | 27 | | | | 5. Certificate of Status Desired | <u> </u> | ee Req | uired | | |
| City & Star | te | ļ <u>.</u> | City & State | | | | 6. Election Campalgn Financing | | . 00 м | /lay Be | | |
| 23 | | 28 | | | | | | Trust Fund Contribution | Ac Ac | ided to | Fees | |
| [∠ip | Country | <u> </u> | Zip | | ountry | ' | | 8. This corporation owes or has paid | 445 ' | | • | |
| 24 | 25 g. Name and Address of Cu | 29 | larad Agent | 30 | , – | | | Personal Property Tax due June 3 10. Name and Address of New Regi | | | No. | |
| <u> </u> | | unoni nogis | tereu Agent | | 81 | Name | | 10. Hame and Address of New Hegi | istored Agent | | | |
| | IKA, BECKY | | | | Ľ | | | | | | | |
| | 4 EAST FLAGLER STREET AMI FL 33131 | | | | 82 | Street A | Addres | ss (P.O. Box Number is Not Acceptable | 9) | | | |
| Mil | AMI PL 33131 | | | | 83 | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | 84 | City | | | FL 85 | Zip Co | ode | |
| 11. Pursuant | to the provisions of Sections 607 | .0502 and 6 | 07.1508, Florida Statu | tes, the | above | a-named | corpor | ation submits this statement for the pur | | ina its | registered | |
| office or i | registered agent, or both, in the S | State of Florid | da. Such change was | authoriz | ed by | the corp | oration | ation submits this statement for the pur n's board of directors. I hereby accept | the appointme | nt as re | gistered | |
| | an raminar wan, and accept me t | Juligations of | , 3600011 007.0303, 1 | iorida Si | atotec | | | | | | | |
| SIGNATURE | Signature typed or printed name of registers | ed agent and title | if appricable. (NO | TE: Registe | ed Age | nt signature | required | when reinstating) | DATE | | | |
| 12. | | AND DIREC | TORS | 13 | | | | ADDITIONS/CHANGES TO OFFICE | RS AND DIREC | CTORS | IN 12 | |
| TITLE | PD | | ☐ DELETE | 1.1 | TITLE | | | | Cha | ange | ☐ Addition | |
| NAME | SAKA, BECKY | | | 1.2 | NAME | | | | | | | |
| STREET ADDRESS | 124 EAST FLAGLER STRI | EET | | 1.3 | STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL | | | 1.4 | CITY-S | T-ZIP | | | | | | |
| TITLE | VSD | | DELETE | 2.1 | TITLE | - | | | LJ Cha | ange | Addition | |
| NAME | SAKA, SANDY | | | 2.2 | NAME | | | | | | | |
| \$TREET ADDRESS | 124 EAST FLAGLER STRI | EET | | 2.3 | STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL | | | | CITY-S | ST-ZIP | | <u> </u> | | | | |
| TITLE | TD CANAL CALCULE | | [_] DELETE | | TITLE | - 1 | | | ☐ Cha | ınge | Addition | |
| NAME | SAKA, SAMUEL | | | 3.2 | NAME | | | | | | | |
| STREET ADDRESS | 124 EAST FLAGLER STRI | :61 | | 3.3 | STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | <u>M</u> IAMI FL | | - Delete | _ | CITY-S | T-ZIP | | | 170 | | T Live | |
| TITLE | | | ☐ DELETE | | TITLE | | | | L Cha | inge ; | Addition | |
| NAME | | | | ı | NAME | | | | | | l | |
| STREET ADDRESS | | | | 1 | | address | | | | | İ | |
| CITY-ST-ZIP | <u> </u> | | DELETE | | CITY - S | T-ZIP | | | - I ou | | 1.4400 | |
| TITLE | | | DELETE | | TITLE | | | | Cha | inge | ☐ Addition | |
| NAME | | | | | NAME | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | <u></u> | | ☐ DELETE | _ | CITY-S | I-ZIP | | | ☐ Cha | nna | ☐ Addition | |
| TITLE | | | - Determ | | MLE | | | | | iu gi o } | | |
| NAME | 1 | | | 6.2 | VAME | 1 | | | | | | |

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual people 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 receive or mister 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.