

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

**FILED**

**Jan 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L52092 (8)**  
1. Corporation Name  
**FINE ART SALES, INCORPORATED**



Principal Place of Business: **8051 TEXAS TRAIL BOCA RATON FL 33487**  
Mailing Address: **8051 TEXAS TRAIL BOCA RATON FL 33487-1429**

3. Date Incorporated or Qualified: **03/01/1990**  
3a. Date of Last Report: **01/22/1996**

2. Principal Place of Business: **1160 N.W. 163<sup>RD</sup> DE**  
2a. Mailing Address: **1160 NW 163 DE**

4. FEI Number: **65-0194192**  
Applied For:  Not Applicable

22. Suite, Apt. #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **Miami FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **33169** 25. Country: **DADG**  
29. Zip: **33169** 30. Country: **DADG**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SLATON, MICHAEL W.  
8051 TEXAS TRAIL  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent  
81 Name: **SLATON MICHAEL W**  
82 Street Address (P.O. Box Number is Not Acceptable): **17380 SW 33 LANE**  
83  
84 City: **MIAMI** 85 Zip Code: **33029**

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: *Michael W. Slaton*  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>SLATON, MICHAEL W.</b>	
STREET ADDRESS	<b>8051 TEXAS TRAIL</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>MOLINA JR., ALBERT R.</b>	
STREET ADDRESS	<b>1074 N.W. 183 TERR.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>SANDS, STEPHEN R</b>	
STREET ADDRESS	<b>1245 NW 134TH AVENUE</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P</b>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>SLATON MICHAEL W</b>		
1.3 STREET ADDRESS	<b>17380 SW 33 LANE</b>		
1.4 CITY-ST-ZIP	<b>MIAMI FL 33029</b>		
2.1 TITLE	<b>VP</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>MOLINA JR ALBERT R</b>		
2.3 STREET ADDRESS	<b>6310 APPA LOON TERR</b>		
2.4 CITY-ST-ZIP	<b>PEMBROKE PINES FL 33330</b>		
3.1 TITLE	<b>S</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Michael W. Slaton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)