2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L52092 May 16, 2000 8:00 am Secretary of State 1. Entity Name FINE ART SALES, INCORPORATED 05-16-2000 90094 011 ***150.00 Mailing Address Principal Place of Business 1160 NW 163RD DR 1160 NW 163RD DR MIAMI FL 33169-5816 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0194192 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SLATON, MICHAEL W. Street Address (P.O. Box Number is Not Acceptable) 17380 SW 33RD LANE MIRAMAR FL 33029 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete ☐ Change TITLE TITLE SLATON, MICHAEL W. NAME STREET ADDRESS 17380 SW 33RD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL ☐ Addition ☐ Change ☐ Delete TITLE MOLINA JR., ALBERT R. NAME STREET ADDRESS STREET ADDRESS 6310 APPALOOSA TRAIL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SANDS, STEPHEN R NAME STREET ADDRESS STREET ADDRESS 1245 NW 134TH AVENUE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report of supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

305 625-8644

Daytime Phone #