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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90081 035 ***150.00

DOCUMENT # L80543

1. Corporation Name
INTERNATIONAL PROMOTERS OF ART, INC.

Principal Place of Business	Mailing Address
% HASHEM ALSALAH 1020 BUNNELL ROAD ALTAMONTE SPRINGS FL 32714	% HASHEM ALSALAH 1020 BUNNELL ROAD ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/15/1990

4. FEI Number: 59-3028673 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
932 CENTRE CIRCLE	26 932 CENTRE
Suite, Apt. #, etc.: SUITE 1100	27 SUITE 1100
City & State: ALTAMONTE SPRINGS FL	28 ALTAMONTE SPRINGS FL
Zip: 32714 Country: 25 SEMINOLE	29 32714 30 SEMINOLE

9. Name and Address of Current Registered Agent

HASHEM ALSALAH
111 WISTERIA DRIVE
LONGWOOD 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALSALAH, HUDA	1.2 NAME	
STREET ADDRESS	1167 NIKULINA CT	1.3 STREET ADDRESS	
CITY ST-ZIP	SAN JOSE CA	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
	ALSALAH, HASHEM	2.2 NAME	
STREET ADDRESS	111 WISTERIA DRIVE	2.3 STREET ADDRESS	
CITY ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	M ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
	ALSALAH, BASIM	3.2 NAME	
STREET ADDRESS	111 WISTERIA DR.	3.3 STREET ADDRESS	
CITY ST-ZIP	LONGWOOD FL 32779	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: _____ HASHEM ALSALAH 1/6/1999 (407) 788-2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)