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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:11

DOCUMENT # L83806

(4)

1. Corporation Name

WORLD CONGRESS ON ART DECO, INC.

Principal Place of Business

1000 OCEAN DR.
MIAMI BEACH FL 33139

Mailing Address

P.O. BOX 1
MIAMI BEACH FL 33119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/28/1990

3a. Date of Last Report
07/28/1994

4. FEI Number
65-0337065

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINERK, MICHAEL D
2655 PINE TREE DR.
MIAMI BEACH FL 33140

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

WILHELM, DENNIS

STREET ADDRESS

2655 PINE TREE DR.
MIAMI BEACH FL 33140

CITY - ST - ZIP

MIAMI BEACH FL 33140

TITLE

SD

NAME

KINERK, MICHAEL D

STREET ADDRESS

2655 PINE TREE DR.
MIAMI BEACH FL 33140

CITY - ST - ZIP

MIAMI BEACH FL 33140

TITLE

D

NAME

BOWER, MATILDE

STREET ADDRESS

1442 JEFFERSON AVE.
MIAMI BEACH FL 33139

CITY - ST - ZIP

MIAMI BEACH FL 33139

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 register of trustees 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 attached sheet with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Michael D. Kinerk

25 APR 95 305/672-2014

Chair

Secretary of State