SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L83806** **(4)**

1. Corporation Name
WORLD CONGRESS ON ART DECO, INC.

Principal Place of Business	Mailing Address
1000 OCEAN DR. MIAMI BEACH FL 33139	P.O. BIN "L" MIAMI BEACH FL 33119

3. Date Incorporated or Qualified: 06/28/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21: 1234 Washington Avenue
Suite, Apt. #, etc. — 22: Suite 207
City & State — 23: Miami Beach, FL
Zip — 24: 33139 — Country — 25:

2a. Mailing Address — 26: P.O. Box 190180
Suite, Apt. #, etc. — 27:
City & State — 28: Miami Beach, FL
Zip — 29: 33119 — Country — 30:

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

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

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WILHELM, DENNIS		1.2 NAME	Wilhelm, Dennis	
STREET ADDRESS	2655 PINE TREE DR		1.3 STREET ADDRESS	2655 Pine Tree Drive	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KINERK, MICHAEL D		2.2 NAME		
STREET ADDRESS	2655 PINE TREE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	1442 JEFFERSON AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	DT	☐ Change ☒ Addition
NAME			4.2 NAME	Denis Russ	
STREET ADDRESS			4.3 STREET ADDRESS	1205 Drexel Avenue	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Gutierrez, Maria B	
STREET ADDRESS			5.3 STREET ADDRESS	344 Meridian Avenue, #4C	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria B Gutierrez MARIA B GUTIERREZ, CHAIRMAN 6/20/96 (305) 672-1736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #