

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

FILED

May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **L83806** (4)

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

Principal Place of Business <b>1234 WASHINGTON AVE STE 207 MIAMI BEACH FL 33139 US</b>	Mailing Address <b>PO BOX 190180 MIAMI BEACH FL 33119 US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/28/1990</b>	
21		26		4. FEI Number <b>65-0337065</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent <b>KINERK, MICHAEL D 2855 PINE TREE DR. MIAMI BEACH FL 33140</b>		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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILHELM, DENNIS</b>	1.2 NAME	
STREET ADDRESS	<b>2855 PINE TREE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINERK, MICHAEL D</b>	2.2 NAME	
STREET ADDRESS	<b>2855 PINE TREE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWER, MATILDE</b>	3.2 NAME	
STREET ADDRESS	<b>1442 JEFFERSON AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSS, DENIS</b>	4.2 NAME	
STREET ADDRESS	<b>1205 DREXEL AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUTIERREZ, MARIA B</b>	5.2 NAME	
STREET ADDRESS	<b>344 MERIDIAN AVE, 4C</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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.

SIGNATURE: \_\_\_\_\_

*Matilde Bower* **MATILDE BOWER** 4/28/98 (305) 672-2014

CR2E034 (10/97)