FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # M55210 (2)

1. Corporation Name

ART VUE, INC.

Principal Place of Business

7420 N.E. 4 AVENUE
MIAMI FL 33138

Mailing Address

% LEVINE & PARTNERS
1110 BRICKELL AVE. 7TH FLOOR
MIAMI FL 33131

3. Date Incorporated or Qualified: 07/08/1987

3a. Date of Last Report: 03/08/1995

4. FEI Number: 65-0005326 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ROBERT J. LEVINE
1110 BRICKELL AVE., STE. 700
MIAMI FL 33131

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 ______

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	KAPLAN, ARTHUR		1 2 NAME		
STREET ADDRESS	THE BLV/6TH FL/BR & WLNT		1 3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		1 4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	VITALE, CAROL		2 2 NAME		
STREET ADDRESS	THE BLV/6TH FL/BR & WLNT		2 3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
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 (12/95)

14. I do hereby certify that the information supplied with this form 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arthur H. Kaplan, President

Date: 1/29/96

Daytime Phone #: 215-790-0374