

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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M92264 (4)  
1. Corporation Name  
ART DECO WELCOME CENTER, INC.

Principal Place of Business  
1234 WASHINGTON AVE.  
STE 207  
MIAMI BEACH FL 33139

Mailing Address  
P.O. BOX 190180  
MIAMI BEACH FL 33119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1988	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1788634	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	

9. Name and Address of Current Registered Agent

KINERK, MICHAEL D  
2855 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	KINERK, MICHAEL D	1.2 NAME	
STREET ADDRESS	2855 PINE TREE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	
NAME	GUTIERREZ, MARIA B	2.2 NAME	
STREET ADDRESS	344 MERIDIAN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	TO	3.1 TITLE	VD
NAME	RUSS, DENIS	3.2 NAME	
STREET ADDRESS	1205 DREXEL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL 33139	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	VD
NAME	BOWER, MATTI	4.2 NAME	
STREET ADDRESS	1442 JEFFERSON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	TD
NAME		5.2 NAME	GORDON, LADEAR
STREET ADDRESS		5.3 STREET ADDRESS	4220 POST AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE		6.1 TITLE	SD
NAME		6.2 NAME	SQUIRES, KATHI
STREET ADDRESS		6.3 STREET ADDRESS	344 MERIDIAN AVE # 3A
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139

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; that I am 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 in an attachment with an address.

SIGNATURE:

Maria B Gutierrez, MARIA B GUTIERREZ, CHAIR

4/28/98

(305) 172-2014

CR2E034 (10/97)