

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90089 036 ***158.75

DOCUMENT # M92264

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

3. Date Incorporated or Qualified

08/09/1988

4. FEI Number

59-1788634

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME KINERK, MICHAEL D
STREET ADDRESS 2655 PINE TREE DR.
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE CD ☐ DELETE
NAME GUTIERREZ, MARIA B
STREET ADDRESS 344 MERIDIAN AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VD ☐ DELETE
NAME RUSS, DENIS
STREET ADDRESS 1205 DREXEL AVE.
CITY-ST-ZIP MIAMI BCH. FL 33139

TITLE VD ☐ DELETE
NAME BOWER, MATTI
STREET ADDRESS 1442 JEFFERSON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE TD ☐ DELETE
NAME GORDON, LOADER
STREET ADDRESS 4220 POST AVENUE
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE SD ☐ DELETE
NAME SQUIRES, KATHI
STREET ADDRESS 344 MERIDIAN AVENUE 34
CITY-ST-ZIP MIAMI BCH FL 33139

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Matthew Bower
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Daytime Phone #

CR2E034 (11/98)

0270034