NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) AMENDED

02-17-2003 90192 027 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

INTERNATIONAL ASSOCIATION OF FINE ART INC.

DO NOT WRITE IN THIS SPACE

90028924

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2. Principal Place of Business	3. Mailing Address
477 SOUTH ROSEMARY	477 SOUTH ROSEMARY
Suite, Apt. #, etc.: 302	Suite, Apt. #, etc.: 302
City & State: W. PALM BEACH FL	City & State: W. Palm Beach FL
Zip: 33401 Country: US	Zip: 33401 Country: US

4. FEI Number: 65-7136778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PAUL A. RUPPANNER

Street Address (P.O. Box Number is Not Acceptable): 930 LARGO MAR LANE

City: BOCA RATON FL Zip Code: 33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Paul A Ruppanner 2/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	MANAGING DIRECTOR
NAME	ANDY RUPPANNER
STREET ADDRESS	930 LARGO MAR LANE
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	DIRECTOR
NAME	JACLYN B. RUPPANNER
STREET ADDRESS	930 LARGO MAR LANE
CITY-ST-ZIP	BOCA RATON FL
TITLE	DIRECTOR
NAME	BRUCE WALANDER
STREET ADDRESS	1201 FLORIDA AVE
CITY-ST-ZIP	WEST PALM BEACH FL 33401
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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Managing Director 2/10/03 561-654-8065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #