

FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90056 047 \*\*\*\*\*70.00

DOCUMENT # N37012

1. Corporation Name

INTERNATIONAL FINE ARTS COLLEGE HISTORICAL COSTUME MUSEUM, INC.

Principal Place of Business

1737 N BAYSHORE DR  
MIAMI FL 33132-6883

Mailing Address

1737 N BAYSHORE DR  
MIAMI FL 33132-6883

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/09/1990

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0197690

Applied For

Not Applicable

22

City &amp; State

27

City &amp; State

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTER, EDWARD  
1737 N BAYSHORE DR  
MIAMI FL 33132-6883

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 617.0502 and 617.1508, 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 617.0503, 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	D	<input type="checkbox"/> DELETE
NAME	PARSONS, CHARLENE	
STREET ADDRESS	1737 N. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PORTER, SIR EDWARD	
STREET ADDRESS	1737 N. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, ENID	
STREET ADDRESS	9700 COLLINS AVE.	
CITY-ST-ZIP	BAL HARBOR FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1/4/98

305 373 4684