

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90265 028 ***150.00

DOCUMENT # P02000091498

1. Entity Name

INTERNATIONAL INSTITUTE OF FINE ARTS, INC.



Principal Place of Business

1101 S.W. 122ND AVE #202
MIAMI FL 33184

Mailing Address

1101 S.W. 122ND AVE #202
MIAMI FL 33184

2. Principal Place of Business

7360 Coral Way

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

Suite 29

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33155

Country
Miami-Dade

Zip

Country

4. FEI Number

56-2289372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASDUENO, CRISTINA
1101 S.W. 122ND AVE #202
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PPST
NAME MASDUENO, CRISTINA ☐ Delete
STREET ADDRESS 1101 S.W. 122ND AVE #202
CITY-ST-ZIP MIAMI FL 33184

TITLE DV
NAME MASDUENO, VERONICA ☐ Delete
STREET ADDRESS PO BOX 566508
CITY-ST-ZIP MIAMI FL 33256-6508

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cristina L. Masdueno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 (805) 261-0742

Date

Daytime Phone #