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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jul 23 1998 8:00am

Secretary of State

1/24/0x 20193

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LANARD ANTIQUES, INC. Principal Place of Business Mailing Address **S BERNARD WEISS** PO BOX 160094 11943 S.W. 122ND PLACE 11943 S.W. 122ND PLACE MIAMI FL 33116 MIAMI FL 33116 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 12/08/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0375638 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent □ No 30 24 25 29 9. Name and Address of Current Registered Agent 81 Name WEISS, BERNARD 11943 S.W. 122ND PLACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33116 83 84 City Zip Code 85 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: typest or printed name of regetered agent and tills if applicable (NOTE_Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NAME Weiss, Bernard 1.2 NAME STREET ADDRESS 11943 S.W. 122ND PLACE 1.3 STREET ADDRESS MIAMI FL 33116 CITY-ST-ZIP 1.4 CHY-ST-ZIP DETFIE Change Addition 21 THLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. C/TY - ST - ZIP DELETE Change Addition TITLE 4.1 DTLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY ST - ZIP 54 CITY-ST-ZIP DELFTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapten 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a state them with he address.
