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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000016894 (6)

PRIME ART, INC.

e de la companya de l										
Principal Plac	e of Business	Ma	ailing Address				1 LOSANDON DIO IDNOD DINTL DOUGL QDUN BA	HI <b>88</b> 101 11 <b>810</b>	1119( 50(11 15(5)	
2280 NW 30TH PL 2280 NW 30TH PL POMPANO BEACH FL 33069-1025 US US										
							3. Date Incorporated or Qualified 03/05/1993		ate of Last R 15/1996	leport
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		AF	plied For	
21		26					65-0392149		No	ot Applicabl
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	e		City & State				6. Election Campaign Financing	F*1	\$5.00	
23		28	7				Trust Fund Contribution	_ 니	Added I	
Zip	Country	lan.	Zip	Coun	itry		8. This corporation has liability for			. 199.032,
4	25 2. Name and Address of Cur	29		30			Florida Statutes  10. Name and Address of New R		No	
PON  11. Pursuant office or agent. Le SIGNATURE  12. TITLE NAME	im familiar with, and accept the ob- Signature, lyood or printed name of registered OFFICERS / D/P AHMAD, SYED	Irgations of	, Section 607.0505, Flor if applicable (NOTE	8 8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Age F	City e-named corp the corporati	ess (P.O. Box Number is Not Acceptation submits this statement for the ion's board of directors. I hereby acceptation to the statement of the acceptance of the statement for the ion's board of directors. I hereby accept	FL purpose of ept the app	I changing it pointment as	
STREET ADDRESS CITY-ST-ZIP	2316 NW 96TH WAY POMPANO BEACH FL			1.3 STRE		ADDRESS   T-ZIP				
TITLE			DELETE	2.1 1(11)	•				Change	☐ Additio
NAME				2.2 NAM		-	•			
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	2 4 CI1Y		1 - ZIP		<del> </del>	Change	
TITLE			☐ DELETE	3.1 7ITL		-			Change	Additio
NAME				3.2 NAM						
STREET ADORESS				3.3 STRE	ET,	ADDRESS				
CITY-ST-ZIP				3.4. CITY		T-ZIP				
TITLE			☐ DELETE	4.1 TITLE	E				L Change	Additio
NAME				4. 2 NAM	ME					
STREET ADDRESS				4.3 STRE	EET A	ADDRESS	•			

14. I do 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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 un invalid comment with an address.

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

54 CHY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SyED I. AHMAD) 4/9/1997 (954)-975-265

Change

Change

Addition

Addition

**FILED** 

Apr 16 1997 8:00am

Secretary of State