

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90126 045 ***150.00

DOCUMENT # P93000028577

1. Corporation Name
MAYFAIR FINE ART, INC.

Principal Place of Business

3930 N.E. 2ND AVE.
SUITE 105
MIAMI FL 33137
US

Mailing Address

3930 N.E. 2ND AVE.
SUITE 105
MIAMI FL 33137
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 180 NE 39TH ST.

Suite, Apt. #, etc.
22 #211

City & State
23 MIAMI FL

Zip Country
24 33137 25 USA

2a. Mailing Address

26 180 NE 39TH ST.

Suite, Apt. #, etc.
27 #211

City & State
28 MIAMI FL

Zip Country
29 33137 30 USA

3. Date Incorporated or Qualified

04/19/1993

4. FEI Number

65-0402992

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

SIMON, MARK M
3930 N.E. 2ND AVE.
SUITE 105
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

MARK M. SIMON

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

180 NE 39TH ST.

83

#211

84 City

MIAMI

FL

85 Zip Code
33137

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 *M. Simon*

M. SIMON, PRES.

JAN 10 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SIMON, MARK M
STREET ADDRESS 3930 N.E. 2ND AVE., SUITE 105
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME MARK M. SIMON
1.3 STREET ADDRESS 180 NE 39TH ST. #211
1.4 CITY-ST-ZIP MIAMI FL 33137

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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: *M. Simon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. SIMON, PRES.

JAN 10 1999

Date

305-571-4991

Daytime Phone #

CR2E034 (11/98)