

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000067925 (6)

1. Corporation Name

UNFRAMED ARTIST OF FLORIDA, INC.



Principal Place of Business

2750 N.E. 183RD ST.
STE. 1102
NORTH MIAMI BEACH FL 33160
US

Mailing Address

2750 N.E. 183RD ST.
STE. 1102
NORTH MIAMI BEACH FL 33160
US

2. Principal Place of Business

2a. Mailing Address

21 19 202 SW 3RD COURT

26 Suite, Apt., etc.

22 City & State

27 City & State

23 PENN BROOK PINE FL

28 City & State

24 Zip

29 Zip

25 Country

30 Country

9. Name and Address of Current Registered Agent

HORN, MARK
18800 NW 2ND AVE., STE. 211
MIAMI FL 33169

3. Date Incorporated or Qualified

09/29/1993

3a. Date of Last Report

03/16/1995

4. FEI Number

65-0477528

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0502 and 607.1502, 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 of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

Date

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	ISRAEL, HERMAN	
STREET ADDRESS	2750 N.E. 183RD ST.	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this Report is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 of the original or on an affidavit with a notary.

SIGNATURE:

Herman Israel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)