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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079176 (2)

KEISARIN ANTIQUES, U.S.A., INC.

Principal Place of Business Mailing Address 3116 N FEDERAL HWY 3116 N FEDERAL HWY SHITE 343 SHITE 343 DO NOT WRITE IN THIS SPACE LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 3. Date Incorporated or Qualified <u>11/10/1993</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0449450 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KASSIS, WALLY 3116 N FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 343 83 LIGHTHOUSE POINT FL 33064 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, typed or printed name of registered agent and title if applicable red when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE. 1.1 TITLE P,S,D Change Addition Addition FRILANDER 4N 1640 E034 NAME PESAKIVI, IRMELI M 1.2 NAME JIF 343 3116 N. PEDERLAL HUT 3116 N FEDERAL HWY, SUITE 343 STREET ADDRESS 1.3 STREET ADDRESS 33064 LIGHT HOUSE POINT LIGHTHOUSE POINT FL 33064 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITL F 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ___ Change ____. Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ___ Addition TITLE 6.1 TITLE ☐ Change

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

IN THEE REQUESTIONS

1-8-98

954)783-9780

FILED

Jan 16 1998 8:00am

Secretary of State