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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000033524 (7) DOCUMENT #

STEINER GALLERIES II. INC. Principal Place of Business Mailing Address 9700 COLLINS AVENUE 9700 COLLINS AVENUE BAL HARBOUR FL 33154 BAL HARBOUR FL 33154 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 05/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 0175 COLLIN COLLINS AVE 65-0504181 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BERLIT CORPORATE SERVICES INC 81 Name 1428 BRICKELL AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 202 MIAMI FL 33131 83 84 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition STEINER, SAMUEL E NAME 1.2 NAME 9700 COLLINS AVE STREET ADDRESS 1.3 STREET ADDRESS BAL HARBOUR FL 33154 CITY - ST - ZIP 1.4 CITY-ST-ZIP DŠT DELETE Change Addition TITLE 2.1 TITLE NEWBERG, DALE NAME 2.2 NAME 9700 COLLINS AVE STREET ADDRESS 2.3 STREET ADDRESS BAL HARBOUR FL 33154 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Addition 5.1 TITLE

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 finual 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 altischment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CiTY-ST-ZIP

Change

Addition

FILED

Jan 23 1998 8:00am

Secretary of State

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