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 # P9400055920 (0)

ART AUSTRALIS, INCORPORATED

Principal Play	o of Rusineers	Mailiea Addrona				
Principal Place of Business Mailing Address						
6666 S.W. 115 Miami Fl 3317	TH COURT. #405 3	6666 S.W. 115TH COUI MIAMI FL 33173-4737	KI. #405			
						3. Date Incorporated or Qualified 3a. Date of Last Report 07/27/1994 01/25/1996
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0506467 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired \$8.75 Additional
22	. T 18-11 (1-18-18	27				Fee Required
City & State	₿	City & State				6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28	T C0	untry	 	Trust Fund Contribution L Added to Fees
24	25	29	30	unay	1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No
24]	9. Name and Address of Cur		1301	1		10. Name and Address of New Registered Agent
LAI IF	RRAY, ANTONY J			81	Name	16' taming man common at 1991 to Black and Albant
ARCA CW 116TH COURT #405						
	MI FL 33173			82	Street Add	ldress (P.O. Box Number is Not Acceptable)
IVIDA	mi (83		
				84	City	FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607.	1602 and 607 1609 Elorida Sta	didoc the c	how	n named ees	prporation submits this statement for the purpose of changing its registered
office or r agent. La	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change wa digations of, Section 607.0505,	as authorize Florida Sta	ed by	the corpora s.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature ityped or printed hand of registered		 		ent signature requi	puired when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ANTONY I	☐ DELÉTE		TITLE		Change Addition
NAME	MURRAY, ANTONY J	# 40E	1.21	MAME	ŀ	
STREET ADDRESS	6666 S.W. 115TH COURT,	F4U0	1.3 \$	STREET	ADDRESS	
CITY+\$1+ZIP	MIAMI FL 33173			CITY - S	T-ZIP	
TITLE	D	DELETE	211	ITLE		Change Addition
NAME	MURRAY, M M		2.21	NAME		_
STREET ADDRESS	6666 S.W. 115TH COURT,	# 405	235	STREET	ADDRESS	
CITY-ST-ZP	MIAMI FL 33173		2.4	CITY-	ST-ZIP	i i i i i i i i i i i i i i i i i i i
DIFE		L. DELETE	311	I‡TLE		Change Addition
NAME			321	NAME		
STREET ADDRESS			335	STREET	ADDRESS	
CITY-S1-ZIP			34.	CITY-S	ST-ZIP	
TITLE		DELETE	4.11	ITLE		Change Addition
NAME			4.2	NAME		
STREET ADDRESS			4.3 9	STREET	address	
CITY-ST-Z-P			4.4 (CITY-S	IT-ZIP	
T/TLE		DELETE		ITLE		Change Addition
NAME			521	AME		
STREET ADDRESS		,	5.3 \$	TREET	ADDRESS	
CITY-ST-ZP		,	5.40	aty-s	iT-ZIP	
T-71 E		DELETE	617			Change Addition

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 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 autonoment with an address.

6 2 NAME

6.3 STREET ADDRESS 6.4 City-St-ZiP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIF

GNATURE AND TYPED OR PRIMED JUME OF SIGNING OF ICER OR DIRECTOR

1 2/9/97

273-1886

FILED

Feb 12 1997 8:00am

Secretary of State