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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 16 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071584 (4)

1. Corporation Name
ARNOLD FINE ARTS, INC.

Principal Place of Business	Mailing Address
3401 TAMIAMI TRAIL NORTH SUITE 207 NAPLES FL 33940	3401 TAMIAMI TRAIL NORTH SUITE 207 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 c/o EURO-AMERICAN CONSULTING, INC	26 c/o EURO-AMERICAN CONSULTING, INC.
22 Suite, Apt. #, etc. 3401 TAMIAMI TRAIL NORTH SUITE 207	27 Suite, Apt. #, etc. 3401 TAMIAMI TRAIL NORTH SUITE 207
23 City & State NAPLES, FL	28 City & State NAPLES, FL
24 Zip 33940 / 25 Country U.S.A.	29 Zip 33940 / 30 Country U.S.A.

4. FEI Number: 65-0529049 ☐ 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

9. Name and Address of Current Registered Agent

GUDRUN M. NICKEL, P.A.
350 5TH AVE. S.
#200
NAPLES FL 33940

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	KEMPE, DAGMAR	1.2 NAME	
STREET ADDRESS	TITURELSTR. 2, D-81925 MUNICH-BOGENHAUSEN	1.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANY	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	KEMPE, FRANK C	2.2 NAME	
STREET ADDRESS	TITURELSTR. 2, D-81925 MUNICH-BOGENHAUSEN	2.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANY	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: Frank K. FRANK, C. KEMPE (813) 435 0247
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0337054 CP