

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

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071584 (4)

1. Corporation Name

ARNOLD FINE ARTS, INC.



Principal Place of Business

Mailing Address

400 FIFTH AVENUE S.
#300
NAPLES FL 33940
US400 FIFTH AVENUE S.
#300
NAPLES FL 34102-6550
US3. Date Incorporated or Qualified
09/26/19943a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 4001 Tamiami Tr. N.

26 4001 Tamiami Tr. N.

22 Suite, Apt. #, etc.
Suite 26527 Suite, Apt. #, etc.
Suite 26523 City & State
Naples, FL28 City & State
Naples, FL24 Zip
3410329 Zip
34103

4. FEI Number

65-0529049

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMBURN, JAMES
5121 CASTELLO DR.
SUITE #2
NAPLES FL 3394081 Name
Euro-American Consulting, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

4001 Tamiami Trail North

83 Suite 265

84 City

Naples

FL

85 Zip Code
34103

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

Rainer N. Filthaut, President

2/10/97

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
KEMPE, DAGMAR
TITURELSTR. 2, D-81925 MUNICH-BOGENHAUSEN
GERMANY☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
KEMPE, FRANK C
TITURELSTR. 2, D-81925 MUNICH-BOGENHAUSEN
GERMANY☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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STREET ADDRESS
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4.3 STREET ADDRESS
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5.2 NAME
5.3 STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Date

(541) 693 1131

Daytime Phone #

CR2E034 (9/96)