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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1000

<u> </u>	1990	2.9				
DOCU 1. Corporation	MENT # P9400	00082052 (9)				
1	NTERNATIONAL ANTIQUE					
		,			A ARBANTAN ING ARING BARAH BARAH BARAH BARAH BARAH	ORANA NIKANI ARANAN ANIMA NIKA HARA
Principal Plac		Mailing Address	•			
100 NE 40 ST MIAMI FL 33137 US		100 NE 40 ST Miami Fl 33137				
		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address					11/07/1994 4. FEI Number	Applied For
21		26	├ ─¬		65-0536158	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Continuate of clarke beginde	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country Zip		Country		8. This corporation owes or has paid the	Added to Fees
24	25	29	30	•	Personal Property Tax due June 30.	K Yes No
	g, Name and Address of Curr			_	10. Name and Address of New Registers	d Agent
BY	STER, BURTON J		81	Name		
87 NE 40TH ST.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33137			63			
			63	1		
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statut	es, the abov	/e-named co		
office or r	egistered agent, or both, in the Sta	ate of Florida, Such change was a	authorized b	y the corpor	prporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	arriage with and dood in the obt	ngentons of, aconom coy .soco, i ii	orida Olalako			
SIGNATURE	Signature, typod or printed name of registered		E: Registered Ag	ent signature req	quired when reinstating) DATE	
12.	· 	AND DIRECTORS DELETE	13.	···	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME			1.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS	444 445 445 445		1.2 NAME	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE			2.1 TITLE	57 217		Change Addition
NAME	PARKER, ROBERT W		2.2 NAME			
STREET ADDRESS	100 NE 40TH ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP		
TITLE			3.1 THLE	[Change Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE:	3.4. CITY- 4.1 TITLE	\$1-ZIP		Change Addition
NAME	ł		4.1 MILE 4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	1		Change Addition
NAME			5.2 NAME	[
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP		10
TITLE		DELETE	6.1 TITLE	[☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY - 5	01-ZIP - I		<u>J</u>

Thereby 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 suppliemental 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 corgoration 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 chapted, or of an attachment with a address

Mar 17 1998 8:00am

Secretary of State