

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085138 (3)

1. Corporation Name

PONTO DE ARTE, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report
11/22/1994

4. FID Number
65-0535588

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 1987 (332) Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 5900 SW 127 AVE. 26 P.O. Box 521027

22 3421 27

23 MIAMI FL 28 MIAMI FL

24 33183 25 USA 29 33152-1027 30 U.S.A.

9. Name and Address of Current Registered Agent
LABADESSA, WANIA P
2781 CITRUS LAKE DR
#203
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name
CLEIDE M. DOMINGUES
82 Street Address (P.O. Box Number is Not Acceptable)
5900 SW 127 AVE. #3421
83
84 City MIAMI FL 85 Zip Code 33183

11. Pursuant to the provisions of Sections 607.09(2) 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.09(5), Florida Statutes.
SIGNATURE *Cleide M. Domingues* CLEIDE M. DOMINGUES 04.24.1995

12. OFFICERS AND DIRECTORS
NAME PS
LABADESSA, WANIA P
Street Address 2781 CITRUS LAKE DR. #203
City, State, Zip NAPLES FL 33942

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. NAME ☐ Change ☐ Addition
4. NAME ☐ Change ☐ Addition
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18. NAME ☐ Change ☐ Addition
19. NAME ☐ Change ☐ Addition
20. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this form is substantially furnished and true, and comply with the requirements of Section 607.09(5), Florida Statutes. I further certify that the information indicated in 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 accept the obligations of the corporation in the event of a change of registered office or registered agent, or both, in the State of Florida, and that my signature appears on this form only if I have changed or am about to change with an address.

SIGNATURE: *[Signature]* April 24, 1995 305.382.7134
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR