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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000004058 (0)

HERITAGE BOOKS & FINE ART, INC.

Principal Place of Business

Mailing Address

FILED May 06 1998 8:00am Secretary of State



6043 Miramar Parkway Miramar Fl 33023 Us		6043 MIRAMAR PARKWAY MIRAMAR FL 33023 US			
				DO NOT WRITE IN T	HIS SPACE
		30		3. Date Incorporated or Qualified	
				01/13/1995	
2. Principal Pla	ace of Business	2a. Mailing Address	1915	4. FEI Number	Applied For
21		26 8045 nu	0,111-	65-0551344	Not Applicable
Suite, Apt. (f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Contined of claims because	Fee Required
City & State	•	City & State	TI 77.0	6. Election Campaign Financing	\$5.00 May Be
23		28 1 1 1 1 1 m	11 2200	Trust Fund Contribution	Added to Fees
Zip	Country	72551	- Country	8. This corporation owes or has paid the	1
24	9. Name and Address of Curre	29 3305 6 3	m vaay v	Personal Property Tax due June 30. 10. Name and Address of New Registe	
MORRIS, PAULA -8421 MAYO ST 2045 Now. 19187 -BOLLYWOOD FL 83028 Miami, FL 33056 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)					
MOI	RMIS, PAULA	Day 19184	1161110		
~64 Z	THAYOST 2045	111001	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	TAMOOD LE GOOSA 12/15	ami, FL 330:	>6 83		
	_	• • • • • • • • • • • • • • • • • • • •			
			84 City		EL 85 Zip Code
11 Pureupot t	a the provisions of Sections 607.050	02 and 607 1508 Florida Statutos	s the above-named c	organism submits this statement for the purpo	se of changing its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	ithorized by the corpo	oration'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 .	Signature, typical or printed name of registered ag	rest and tile 1 any excepte (NOTE:	Registered Agent signature ro	equired when reinstating)	NTE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE		Change Addition
NAME	OTTINOT, MOURA		1.2 NAME	1918	
STREET ADDRESS	6421 MAYO STREET		1.3 STREET ADDRESS	2045 Niwi 1919	_
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY - ST - ZIP	2045 N.W. 191st Mismi, PC 3305	6
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	. •	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - S1 - ZIP		
TITLE		☐ DELETE	3.1 THILE		Change L Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-7iP		[] OL
TITLE		DELETE	61 1ITLE		Change Addition
NAME -			62 NAME		
STREET ADDRESS	<i>.</i> ,		63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP	11 0 . V	
I 14. I hereby o	ortity that the information supplied o	with this filing does not qualify for	tne exemption stated	Lin Section 119.07(3)(i). Florida Statutes. I furth	ier certity that the information. I

Thereby being placing information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner 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 popporation or the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if that ged, or or an attachment with an address.

Mr. in along