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FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000022448 (1)**

1. Corporation Name

T. CURTSNOC FINE ARTS, INC.

Principal Place of Business

**1333 N.E. 119TH STREET
N MIAMI FL 33161**

Mailing Address

**1325 NE 119ST
N MIAMI FL 33161
US**

2. Principal Place of Business

21 **859 NE 125 St.**

Suite, Apt. #, etc.

22 City & State

23 **N. Miami, FL**

Zip

24 **33161**

Country

25 **USA**

2a. Mailing Address

26 **859 NE 125 St.**

Suite, Apt. #, etc.

27 City & State

28 **N. Miami FL**

Zip

29 **33161**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**HENRY, PAMELA
1325 NE 119ST
N MIAMI FL 33161**

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 607.1506, 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

[Signature]

(NEW) Registered Agent Signature required when reappointing

DATE

6/13/98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **D**
NAME **HENRY, PAMELA**
STREET ADDRESS **1333 N.E. 119TH ST.**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 a 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]

6/13/98 305-891-3745

CR2E034 (10/97)