FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000024624 (5)**

1. Corporation Name

FOUR CORNERS ART, INC.

Principal Place of Business

7970 CORAL WAY
MIAMI FL 33155

Mailing Address

7970 CORAL WAY
MIAMI FL 33155

3. Date Incorporated or Qualified: **03/27/1995**

3a. Date of Last Report

4. FEI Number: 65 0573408 — Applied For / Not Applicable

5. Check if Stock is Divided — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — **$5.00** May Be Added to Fees

8. Does corporation qualify for exemption under s. 199.052 Florida Statutes? Yes / No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DIBELLO, DARIN A
200 SO. BISCAYNE BLVD. STE. 4900
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 Section [illegible] Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent of the corporation as identical and mutually exclusive are as follows: [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	FONTANA, LILIA M	
STREET ADDRESS	7970 CORAL WAY	
CITY, ST, ZIP	MIAMI FL 33155	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 with an office or directorship indicated.

SIGNATURE: Lilia M. Fontana — Lilia M. Fontana 4-9-96 (305) 265-0181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)