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

PROFIT CORPORATION annual report

1997

City & State

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

Yes No

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

Applied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000051619 (1)

INTERNATIONAL ART RESOURCE GROUP, INC.

Country

BLINN, WILLIAM C JR 22191 MARTELLA AVE

BOCA RATON FL 33433

9. Name and Address of Current Registered Agent

| Principal Place of Business Mailing Address | | L ODDIADAL ING JOHAN ADAM ADAM ADAM BANDA BANDA DAMA ASAM HADA ABAM ADAM | | | |
|---------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|--|--|
| 22191 MARTELLA AVE BOCA RATON FL 33433 | 22191 MARTELLA AVE BOCA RATON FL 33433-4661 | | | | |
| | | 3. Date Incorporated or Qualified 07/03/1995 | 3a. Date of Last Report 05/01/1996 | | |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied Fo | | |
| 21 | 26 | 65-0591304 | Not Applic | | |
| Suite, Apt. #, etc. | Suite, Apt #, etc. | E. Cortificate of Status Decired | S8.75 Addition | | |

City & State

Zip

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11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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| SIGNATURE | | | | | | | |
|----------------|--------------------------------------------------------------------|-------------------|----------------------------|-----------------------------|---------------------------------------------------|------------|--|
| | Signature, typed or profes name of registered agent and title if a | ppacable. (NOTE F | Registered Agent signature | required when rainstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| HILE | PTD | ☐ DELETE | 1.1 TITLE | | ☐ Change | Addition | |
| NAME | BLINN, JUDITH E | | 12 NAME | | | | |
| STREET ADDRESS | 22191 MARTELLA AVE | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | | 14 CITY-ST-ZIP | | | | |
| TITLE | VSD | ☐ DELETE | 2 1 TITLE | | ☐ Change | Addition | |
| NAME | BLINN, WILLIAM C JR | | 22 NAME | | | | |
| STREET ADDRESS | 22191 MARTELLA AVE | | 23 STREET ADDRESS | • A | | | |
| CITY-ST-7IP | BOCA RATON FL 33433 | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | Change | Addition | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-S1-7IP | | | 34. CITY-ST-ZIP | | | | |
| TITLE | | , DELETE | 4.1 TITLE | | Change | Addition | |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-SI-7P | | | 4.4 CITY-ST-ZIP | | | | |
| THLE | | ☐ DELETE | 5.1 TITLE | | Change | ☐ Addition | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| City-St-7iP | | | 54 CITY-ST-ZIP | | | | |
| THLE | | ☐ DELETE | 6 1 TITLE | | Change | Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| City-St-7i2 | | | 64 CITY-ST-ZIP | | | | |

14. I do 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name