

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

FILED
Jan 29 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 # **P95000062625 (5)**

1. Corporation Name

FUNMANIA ARTS STUDIO, INC.

Principal Place of Business

18790 W DIXIE HWY
N MIAMI BEACH FL 33180

Mailing Address

18790 W DIXIE HWY
N MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

65-0604847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **17152 W. Dixie Hwy**

26 **17152 W. Dixie Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **North Miami Beach, FL**

28 **North Miami Beach, FL**

Zip

Country

Zip

Country

24 **33160**

25 **USA**

29 **33160**

30 **USA**

9. Name and Address of Current Registered Agent

ASMAN, SARA V
18790 W DIXIE HWY
N MIAMI BEACH FL 33180

81 Name **Asman, SARA V.**

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

17152 W. Dixie Hwy

83

84

City **North Miami Beach**

FL

85 Zip Code

33160

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.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ASMAN, SARA V**
STREET ADDRESS **18790 W DIXIE HWY**
CITY-ST-ZIP **N MIAMI BEACH FL 33180**

TITLE ☐ DELETE
NAME **D FUNES, LILIANA**
STREET ADDRESS **18790 W DIXIE HWY**
CITY-ST-ZIP **N MIAMI BEACH FL 33180**

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Asman, SARA V**
1.3 STREET ADDRESS **17152 W. Dixie Hwy**
1.4 CITY-ST-ZIP **North Miami Beach, FL 33160**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **Funes, Liliana**
2.3 STREET ADDRESS **17152 W. Dixie Hwy**
2.4 CITY-ST-ZIP **North Miami Beach, FL 33160**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 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 if changed, or on an appointment with an address.

SIGNATURE: *[Signature]* **Jan. 29, 1998**

CR2E034 (10/97)