

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000070362 (5)

1. Corporation Name

WORLD WIDE ART, INC.



Principal Place of Business

Mailing Address

7 N.W. 2ND STREET  
SUITE 201  
MIAMI FL 33128

7 N.W. 2ND STREET  
SUITE 201  
MIAMI FL 33128

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1455 WEST AVENUE

26 1455 WEST AVENUE

Suite, Apt. #, etc:

Suite, Apt. #, etc:

22 801

27 801

City & State

City & State

23 MIAMI BEACH FL

28 MIAMI BEACH FL

Zip

Country

Zip

Country

24 33139

25

29 33139

30

9. Name and Address of Current Registered Agent

GORFINKEL, NESTOR B  
7 N.W. 2ND STREET  
#203  
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name

MARK D. PRASS

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

1801 WEST AVENUE

83

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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.

7-24-96

SIGNATURE

Signature of the person who is not a registered agent and the applicable

(NOTE: Registered Agent signature not required for filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D BENNETT, CAROLYN J  
STREET ADDRESS 1550 PENNSYLVANIA AVE #5-  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ DELETE

NAME D METZ, MARK  
STREET ADDRESS 7 N.W. SECOND ST. SUITE 201  
CITY-ST-ZIP MIAMI FL

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

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

1455 WEST AVE. #801

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

CAROLYN J. BENNETT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-96

305/538-1076