

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000067363 (7)

1. Corporation Name
AMAZON ARTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

100 LINCOLN ROAD
SUITE 444
MIAMI BEACH FL 33139

100 LINCOLN ROAD
SUITE 444
MIAMI BEACH FL 33139

2. Principal Place of Business

21 16756 NORTH MIAMI AVE
Suite, Apt. #, etc.

22 City & State
MIAMI, FL

23 Zip
33169

24 Country

2a. Mailing Address

26 16756 NORTH MIAMI AVE
Suite, Apt. #, etc.

27 City & State
MIAMI, FL

28 Zip
33169

29 Country

3. Date Incorporated or Qualified

08/13/1996

4. FEI Number

65-0707086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

MERKIN, STEWART A
100 LINCOLN ROAD
SUITE 444
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

ALAN DIDLICK

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

16756 NORTH MIAMI AVE

83

84 City

MIAMI

FL

85 Zip Code

33169

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Alan Didlick

4-28-98

Signature typed or printed name of registered agent and fee payable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DIDLICK, ALAN
100 LINCOLN ROAD, SUITE 444
MIAMI BEACH FL 33139 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NAPPER, SHEILA
100 LINCOLN ROAD, SUITE 444
MIAMI BEACH FL 33139 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DIDLICK, ALAN
P.O. Box 640784
MIAMI, FL 33164 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
NAPPER, SHEILA
P.O. Box 640784
MIAMI, FL 33164 ☒ 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
☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE

Alan Didlick

4-28-98

CR2E034 (10/97)