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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000008215

TONY ART CORPORATION

		•						
Principal Place	e of Business	Mailing Address					10101 10110 11	1981 (1891 divi 1891
13270 S.W. 131ST STREET NO. 138 MIAMI FL 33185		13270 S.W. 131ST STREET No. 138 Miami Fl 33185		DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualifed 01/28/1997		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				65-0736730	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional
22		27						Required -
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	try		8. This corporation owes the current year Int		
24	25	29 30)			Personal Property Tax.	∐ Yes	□No
Name and Address of Current Registered Agent					Nicon	10. Name and Address of New Registered	Agent	
COD	ONADO, RAMONA		ľ	B1	Name			
	CORAL WAY, STE. 21		1	82	Street Addre	ss (P.O. Box Number is Not Acceptable)	-	
	II FL 33155		Į.	00		 		
iant-da			l'	83				
			8	84	City	· FL	85 Z	Zip Code
Dumanant	to the annual language of Sections 607 050	2 and 607 1509 Elorida Statutos	the abo	OVA-	named como	ration submits this statement for the purpose of	changing	its registered
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 confice 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, typed or printed name of registered ager	t and title if applicable. (NOTE: De	voietarad A	laent i	signature required	when reinstating) DATE		Ì
42		D DIRECTORS	13.	gon.	angriatora required	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTORS IN 12
12. TITLE	PD	☐ DELETE	1.1 TITL	E		ABBITTORIOGENERAL TO SERVICE AND ADMINISTRATION OF THE PROPERTY OF THE PROPERT	☐ Chan	
NAME	<u> </u>		1.2 NAM	Æ			•	
STREET ADDRESS	ACCOUNT ACCOUNT OFFICE III ACCO			EETA	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33185		1.4 CITY					
TITLE		☐ DELETE	2.1 TITL				☐ Chan	nge 🔲 Addition
NAME			2.2 NAM	Æ.	ĺ	•		ĺ
STREET ADDRESS			2.3 STR	EET A	ADDRESS	-		
CITY-ST-ZIP			2. 4 CIT					
TITLE		- □ DELETE	3.1 TITL				. Chan	nge
NAME	- -		3.2 NAM	Æ	ļ			j
STREET ADDRESS			3.3 STR	REETA	ADDRESS			Ì
CITY-ST-ZIP	•		3.4. CIT	Y-ST-	-ZIP			
TITLE		_ DELETE	4.1 TITL				Char	nge 🗌 Addition
NAME			4. 2 NA	ME				
STREET ADDRESS	•		4.3 STR	REETA	ADDRESS			
CITY-ST-ZIP			44 CITY	Y-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITL	E			Char	nge 🔲 Addition
NAME			5.2 NAM	ΛE				1
STREET ADDRESS			5.3 STR	REETA	ADDRESS			ļ
F CITY-ST-ZIP		-	5.4 CITY	Y-ST-	ZIP			
TITLE		☐ DELETE	6.1 TITL	E	T		☐ Char	nge
NAME			6.2 NAM	ИE				
CTREET ADDRESS			6.3 STR	REETA	ADDRESS			ì

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 of or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90136 024 ***150.00