SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** P97000023913 (1) 1. Corporation Name

**FILED** Jul 08 1998 8:00am Secretary of State

| JULIUS FINE ART, INC.   |                           |             |   |  |  |   |
|---|---------------------------|-------------|---|--|--|---|
| Principal Place of Business Mailing Address   |                           |             |   |  |  | - T TOBELLOON THE COURT COURT COURT COURT COURT STORY ISSUES TO SELECT COURT STORY  |
| 2000 ISLAND BLVD. \$TE 607 2000 ISLAND BLVD. STE 607  |                           |             |   |  |  |   |
| AVENTURA FL 33160 AVENTURA FL 33160   |                           |             |   |  |  |   |
|   |                           |             |   |  |  | DO NOT WRITE IN THIS SPACE  |
|   |                           |             |   |  | 3. Date Incorporated or Qualified 03/09/1997 |   |
| 2. Principal Place of Business 2a. Mailing Address 21   |                           |             |   |  |  | 4. FEI Number Applied For Not Applicable  |
| Sulte, Apt. #, etc.   |                           |             |   |  |  | 5. Certificate of Status Desired \$8.75 Additional                                  |
| 22 City & State   | City & State City & State |             |   |  |  | Fee Required  |
| City & State  | 28                        |             |   |  |  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees |
| Zip Country   | 28                        | Zip Country |   |  |  | This corporation owes or has paid the current year intangible                       |
| 24 _ 25   | 29                        | 30          |   | ,  |  | Personal Property Tax due June 30. Yes No   |
| 9. Name and Address of Current  |                           | tered Agent | 1001  |  |  | 10. Name and Address of New Registered Agent  |
| NISENBAUM, CHARLES  |                           |             |   | 81   | Name   |   |
| 2000 ISLAND BLVD. STE 607   |                           |             |   |  | Charles & de                                 | /D O Boy Murphasia Not Assessed 123   |
| AVENTURA FL 33160   |                           |             |   | 82   | Street Addres                                | ss (P.O. Box Number is Not Acceptable)  |
|   |                           |             |   | 83   |  |   |
| •   |                           |             |   | 84   | City   | B5 Zip Code   |
|   |                           | <del></del> |   |  |  | FL   s   2   5   5   5   5   5   5   5   5   5                                      |
| 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, typed or printed name of registered agent  |                           |             |   | red A                                      | gent signature require                       | ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |
| 12. OFFICERS AND  | DIKE                      |             | 13.<br>1.1 TC   | TI F                                       |  |   |
| NAME NISENBAUM, CHARLES   |                           | L DELETE    | 1.2 N/  |  |  | L] Change L] Addition   |
| STREET ADDRESS 2000 ISLAND BLVD. STE 607  |                           |             |   |  | ADDRESS                                      |   |
| CITY-ST-ZIP AVENTURA FL 33160   |                           |             | 1.4 CI  |  |  |   |
| TITLE   |                           | DELETE      | 2 1 10  |  | -2.1   | Change Addition   |
| NAME  |                           | [ bereit    | 2.2 NA  | ME   |  |   |
| STREET ADDRESS  |                           |             | 2.3 ST  | REET                                       | ADDRESS                                      |   |
| CITY-ST-ZIP   |                           |             | 2.4 CI  | TYST                                       | -ZIP   |   |
| TITLE   |                           | DELETE      | 3.1 TI  |  |  | Change Addition   |
| NAME  |                           |             | 3.2 N   | ME   |  |   |
| STREET ADDRESS  |                           |             | 3.3 ST  | REET                                       | ADDRESS                                      |   |
| CITY-ST-ZIP   |                           |             |   | TV.QT.                                     | -ZIP   |   |
| TITLE   |                           |             | 3.4 UI  | 11.01                                      |  |   |
| l   |                           | DELETE      | 4.1 TI  |  |  | Change Addition   |
| NAME  |                           | DELETE      |   | rlë  |  | Change Addition   |
| NAME<br>STREET ADDRESS  |                           | DELĒTE      | 4.1 TO<br>4.2 NA  | TLE  | ADDRESS                                      | Change Addition   |
|   |                           | DELETE      | 4.1 TO<br>4.2 NA  | TLE<br>VME<br>REET                         |  | Change Addition   |
| STREET ADDRESS  |                           | ☐ DELETE    | 4.1 TI<br>4.2 NA<br>4.3 ST  | TLE<br>NME<br>REET<br>TY-ST                |  | Change Addition   |
| STREET ADDRESS ;  |                           |             | 4.1 TI<br>4.2 NA<br>4.3 ST<br>4.4 CI  | TLE<br>NME<br>REET<br>TY-ST                |  |   |
| STREET ADORESS ; CITY-ST-ZIP TITLE  |                           |             | 4.1 TI<br>4.2 NA<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 NA                                  | TLE<br>AME<br>REET<br>TY-ST:<br>TLE<br>AME |  |   |
| STREET ADORESS CITY-ST-ZIP TITLE NAME   |                           |             | 4.1 TI<br>4.2 NA<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 NA                                  | TLE AME REET TY-ST TLE AME REET            | -ZIP<br>ADDRESS                              |   |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |                           |             | 4.1 TI<br>4.2 N/<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 N/<br>5.3 ST                        | TLE AME REET TY-ST TLE AME REET TY-ST      | -ZIP<br>ADDRESS                              |   |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                           | ☐ DELETE    | 4.1 TI<br>4.2 NA<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 NA<br>5.3 ST<br>5.4 CI              | TLE REET TY-ST- TLE REET TY-ST- TLE        | -ZIP<br>ADDRESS                              | Change Addition   |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |                           | ☐ DELETE    | 4.1 TII<br>4.2 NA<br>4.3 ST<br>4.4 CI<br>5.1 TII<br>5.2 NA<br>5.3 ST<br>5.4 CI<br>6.1 TII | TLE AME REET TLE AME REET TY-ST            | -ZIP<br>ADDRESS                              | Change Addition   |

Thereby 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 region or the region of the corporation of the co