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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                                                                         |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>DOCUMENT # P97000029538</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                        |                                                                       |
| 1. Entity Name<br><b>MAURICE ADAMS ANTIQUES LIMITED, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                                                                         |                                                                       |
| Principal Place of Business<br><b>4441 COLLINS AVE.<br/>MIAMI BEACH, FL 33140</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              | Mailing Address<br><b>4441 COLLINS AVE.<br/>MIAMI BEACH, FL 33140</b>                                                                   |                                                                       |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | 3. Mailing Address                                                                                                                      |                                                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | Suite, Apt. #, etc.                                                                                                                     |                                                                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | City & State                                                                                                                            |                                                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                      | Zip                                                                                                                                     | Country                                                               |
| 4. FEI Number<br><b>65-0747429</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              | \$8.75 Additional Fee Required                                                                                                          |                                                                       |
| 6. Name and Address of Current Registered Agent<br><b>TEBELE, SOPHIE<br/>16711 COLLINS AVE.<br/>MIAMI BEACH, FL 33160</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                       |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE: <i>Sophie Tebele</i> DATE: <b>4-25-03</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when amending)</small>                                                                                                                                                                                                 |                                                                              |                                                                                                                                         |                                                                       |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | \$5.00 May Be Added to Fees                                                                                                             |                                                                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br><b>TEBELE, SOPHIE<br/>16711 COLLINS AVE.<br/>MIAMI BEACH, FL 33160</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <b>MURRAY TEBELE<br/>645 EAST Atlantic Ave Delray Beach<br/>33483</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <b>400020760044<br/>06/10/03-01068-008</b>                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                       |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                              |                                                                                                                                         |                                                                       |
| SIGNATURE: <i>Murray Tebele</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | DATE: <b>4/25/03</b> 561-330-0695                                                                                                       |                                                                       |

CR2E034 (10/02)

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