

FILED MAY 1998 FEE AFTER MAY 15, 1998 \$50.00

FILED

May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000034031 (9)

Corporation Name
TATIANA K FINE ART INC.

Principal Place of Business 9350 SOUTH DIXIE HIGHWAY, PH2 MIAMI FL 33166	Mailing Address 9350 SOUTH DIXIE HIGHWAY, PH2 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified
04/15/1997

2 Principal Place of Business 21 950 N.E. 174 STREET	2 Mailing Address 26 950 N.E. 174th STREET
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FEI Number 650445657	Applied For <input type="checkbox"/> Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State 23 N. MIAMI BEACH, FL	City & State 28 N. MIAMI BEACH, FLORID
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Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip 24 33162	Country 25	Zip 29 33162	Country 30
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This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

Name and Address of Current Registered Agent
KATSMAN, MARK
9350 SOUTH DIXIE HIGHWAY, PH2
MIAMI FL 33166

Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

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 **Tatyana Kogan. TATYANA KOGAN - PRESIDENT** **4-29-98**
Signature of the officer or director of the corporation and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS			
TITLE PSD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOGAN, TATIANA		12 NAME	
STREET ADDRESS 1121 NE 200TH TERR		13 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179		14 CITY-ST-ZIP	
TITLE VTD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IGNATYEV, SERGEY		22 NAME	
STREET ADDRESS 1121 NE 200TH TERR		23 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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*****150.00**

11. 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 **Tatyana Kogan. TATYANA KOGAN - PRESIDENT** **4-29-98**