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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700094103 (3)

MAYERLING FINE ART, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					r reduced tre ibiti ideal editi datit Editi Adita 1881 eigeb ileli dated ilit isel
1591 EAST ATLANTIC BLVD. 1591 EAST ATLANTIC BL					
POMPANO BEACH FL 33060		POMPANO BEACH FL	33060		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					11/03/1997
2. Principal P	Place of Business	2a. Mailing Address	Mailing Address		4. FEI Number Applied For
21		26			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	,		Trust Fund Contribution
Žip	Country	Zip	Country	1	8. This corporation owes or has paid the current year Intangible
24 ~	25 Name and Address of Curren	1 Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			B1	Name	10. Hallo dila Addi vod Vi Holf Hogistolog Aguill
	nternational Company Ser\ 1591 East Atlantic Blvd.	ICES (USA) INC.			
POMPANO BEACH FL 33060			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)
ī	OIM AND BLACK FL 33000		83	 	
				ļ	
			84	City	FL [85] Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statut	es, the abov	e-named co	orporation submits this statement for the purpose of changing its registered
office or i	registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was a	authorized b	y the corpor	ration's board of directors. I hereby accept the appointment as registered
	an rammar with, and account the oblige	The Cocon Of Tourses of The	onda Siaidie	o.	
SIGNATURE	Signature, typed or printed name of registered age	re and title if applicable (NOT	£: Registered Ag	en; signature ren	quired when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	HARRY DORRELL	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TO SERVICE	P.S.T.	1.2 NAME	- 1	
STREET ADDRESS	13 TI IS MILAWITE	DCD.	1.3 STREET	ADDRESS	
CITY-ST-ZIP	HARRY DEDORSHEY P.S.T. 1591 E. ATLANTIC BLUD. POMPAND BYH, F. 3306 Q		1.4 CITY - S	ST - 7 P	
TITLE	L Detele 1 2.11		2.1 TITLE	1	Change Addition
NAME			2.2 NAME	İ	
STREET ADDRESS	1		2.3 STREET	ADDRESS	
CITY-ST-ZIP			2. 4 CHTY-	ST-ZIP	01
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	}		3 2 NAME		
STREET ADDRESS	1		3.3 STREET		
CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE	ST-ZIP	Change Addition
NAME	1		4.1 HILE 4, 2 NAME	1	Change Modulo)
			1	ADDRESS	
STREET ADDRESS			4.3 STREET	- 1	A
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-2P	Change Addition
NAME	}	□ vecent	5.1 IIILE 5.2 NAME]	A Parago
STREET ADDRESS			5.3 STREET	ADDDECC	
				- 1	7//14//
CITY-ST-ZIP TITLE			5.4 CITY - 5 6.1 TITLE	or-ZIP	400002492/52Phange DAddition
NAME	1.		6.2 NAME		-04/17/3801081022
STREET ADDRESS	,		6.2 NAME	ADDRESS	***150.00 -
SINCEL AUDICSS	} .		0 3 SIMES	VDDUC29	A dede T final minimum.

14. 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 receiver or trastee 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.

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