

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90271 028 ***150.00

DOCUMENT # P98000005730

1. Corporation Name
QUEEN OF ARTS, INC.

Principal Place of Business
7695 S.W. 104TH STREET STE. 210
MIAMI FL 33156

Mailing Address
7695 S.W. 104TH STREET STE. 210
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1998

4. FEI Number
65-0806350
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 1573 SUNSET DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 CORAL GABLES FL.

27 City & State
28

24 Zip 33143 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

LITTMAN, ERIC P
7695 S.W. 104TH STREET STE. 210
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name DEBRA GORDON
82 Street Address (P.O. Box Number is Not Acceptable)
83 1573 SUNSET DRIVE
84 City CORAL GABLES FL 85 Zip Code 33143

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 Debra Gordon

4/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------|---------------------------------|----------------|--------------------------|
| DP | GORDON, DEBBIE | 7695 S.W. 104TH STREET STE. 210 | MIAMI FL 33156 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------------|-------------------------------------|--------------------------|
| | | 1573 SUNSET DRIVE | CORAL GABLES FL 33143 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

SIGNATURE: Debra Gordon SIGNATURE REQUIRED

4/28/99

Date

Daytime Phone #

CR2E034 (11/98)