FILED

Feb 22, 1999 8:00 am Secretary of State

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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

DOCUMENT # P98000029207

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

EUROPEAN ART FRAME COMPANY, INC.

Principal Place of Business Mailing Address						1 100(160(110 1019(101)(001)(001)(001)(001)			
1380 WEST MC	NAB ROAD	1380 WEST MCNAB ROAD							
FT. LAUDERDA	LE FL	FT. LAUDERDALE FL				DO NOT WRITE IN THIS SPACE			
ı						3. Date Incorporated or Qualifed	Of HOL		
						03/30/1998			
2 Principal DI	lace of Business	2a Mailing Addres	Mailing Address			4. FEI Number	TIA	pplied For	
21	ace of Business	26				65-0824158	IN	ot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22		27				5. Certificate of Status Desired Fee Required			
City & State	e	City & State				6: Election Cempaign Financing - \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	c。	untry		8. This corporation owes the current year Int			
24	25					Personal Property Tax. ☐VYes □ No			
	9. Name and Address of Curren	t Registered Agent		1_	I	10. Name and Address of New Registered	Agent		
DICC	CONTI MINICENT			81	Name				
BISCONTI, VINCENT				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
1380 WEST MCNAB ROAD									
FT. LAUDERDALE FL				83					
				84	City	FL	85 Zip	Code	
		- 1500 Ft 11	5	<u> </u>	<u> </u>		changing it	s registered	
office or ri	egistered agent, or both, in the State (of Florida. Such change	e was authorize	ea by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	ntment as r	egistered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.05	05, Florida Sta	tutes					
SIGNATURE			MOTE: Design		at also oturo consiso	d when reinstating) DATE	_	\	
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13		it signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	
TITLE	DP	☐ DEL		TITLE			☐ Change	☐ Addition	
NAME	BISCONTI, VINCENT		1.21	NAME					
STREET ADDRESS	1380 WEST MCNAB ROAD		1.33	STREET	TADORESS			{	
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-S				ļ	
TITLE			TITLE			☐ Change	☐ Addition		
NAME	BISCONTI, DOMINICK		2.21	NAME				}	
STREET ADDRESS	1380 WEST MCNAB ROAD		2.3 \$	STREE	T ADDRESS			1	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4	CITY-5	ST-ZIP				
TITLE			TITLE			Change	Addition		
NAME	BISCONTI, GIULIANA		3.21	NAME					
STREET ADDRESS	1380 WEST MCNAB ROAD	3.3		3.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-S	ST-ZIP				
TITLE		☐ DEI	.ETE 4.1	TITLE			Change	Addition	
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREE	T ADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP				
TITLE		☐ DEI		TITLE	}		☐ Change	Addition	
NAME			52	NAME					
STREET ADDRESS			5.3	STREE	T ADDRESS			İ	

CITY-ST-ZIP 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

Change

Addition