PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000083381

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90055 018 ***150.00

CLONING ART, INC. Mailing Address Principal Place of Business 424 EAST DILIDO DR 424 EAST DILLDO OR MIAME BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/24/1998 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0866907 424 E 014100 DR Not Applicable 21 424 B. DILIOO DA 8:75: Additional Sulte Apt #.etc-5. Cértificate of Status Desired Fee Required MIAM 22 6. Election Campaign Financing \$5.00 May Be City & State City & State BEACH FLA MIAMI Trust Fund Contribution Added to Fees 8. This corporation owes the current year intangible OADE 33/39 DADE Personal Property Tax. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ILL /4 M HURWITZ, WILLIAM 424 EAST DILIDO DR MIAMI BEACH FL 33139 MIAMI 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 DATE ne of registered agent and tille # applicable. CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.5 TITLE TITLE Roberts Harwitz 12 NAME NAME 424 B. DIL 100 OR. 1.3 STREET ADDRESS STREET ADDRESS 14M1 BBACT- FL 33/39 1.4 CITY-ST-ZIP CITY-57-Z# Addition WILLIAM HORWITZ ☐ Change 21 TITLE TILE 22 NAME NAME 424 E. O(L 100 04. 33139 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADD 3.4. CITY- ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE **Zimie** TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TRUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition [] DELETE TITLE 8.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 5.4 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 fike empowered.

SIGNATURE:

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