**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 16, 1999 8:00 am**
**Secretary of State**
04-16-1999 90030 003 ***150.00

0327073

DOCUMENT # **P98000089339**

1. Corporation Name
**ART & MAISON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2724 NORMAN DRIVE<br>WEST PALM BEACH FL 33409 | 2724 NORMAN DRIVE<br>WEST PALM BEACH FL 33409 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

3. Date Incorporated or Qualifed: **10/20/1998**

4. FEI Number: ☐ Applied For ☒ Not Applicable

5. Certifcate 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| HAUTOUX JAULIN, MARIELLE<br>2724 NORMAN DRIVE<br>WEST PALM BEACH FL 33409 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PTD | ☐ DELETE | 1.1 TITLE | PTD | ☐ Change ☐ Addition |
| NAME | MAUTOUX JAULIN, MARIELLE | | 1.2 NAME | HAUTOUX-JAULIN, MARIELLE | |
| STREET ADDRESS | 2724 NORMAN DRIVE | | 1.3 STREET ADDRESS | 2724 NORMAN DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | | 1.4 CITY-ST-ZIP | WEST PALM BEACH 33409 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | CHRISTOPHER JAULIN , JEAN | | 2.2 NAME | JAULIN JEAN-CHRISTOPHE | |
| STREET ADDRESS | 2724 NORMAN DRIVE | | 2.3 STREET ADDRESS | 2724 NORMAN DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | | 2.4 CITY-ST-ZIP | WEST PALM BEACH 33409 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | PENZ, PASCAL | | 3.2 NAME | PERIZ PASCAL | |
| STREET ADDRESS | 2724 NORMAN DRIVE | | 3.3 STREET ADDRESS | 2724 norman drive | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | | 3.4 CITY-ST-ZIP | WEST PALM BEACH 33409 | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | S | ☐ Change ☐ Addition |
| NAME | DOMINGUEZ, ALEXIS | | 4.2 NAME | DOMINGUEZ ALEXIS | |
| STREET ADDRESS | 2724 NORMAN DRIVE | | 4.3 STREET ADDRESS | 2724 NORMAN DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | | 4.4 CITY-ST-ZIP | WEST PALM BEACH 33409 | |
| TITLE | V | ☐ DELETE | 5.1 TITLE | V | ☐ Change ☐ Addition |
| NAME | JAULIN, CHRISTOPHER | | 5.2 NAME | JAULIN JEAN-CHRISTOPHE | |
| STREET ADDRESS | 2724 NORMAN DRIVE | | 5.3 STREET ADDRESS | 2724 NORMAN DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | | 5.4 CITY-ST-ZIP | WEST PALM BEACH | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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:** MARIELLE HAUTOUX-JAULIN 04/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
561 684 0490