

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthern  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S52085** (5)

1. Corporation Name  
**CYPEN FINE ART, INC.**



Principal Place of Business: **825 ARTHUR GODFREY RD. MIAMI BEACH FL 33140**  
Mailing Address: **825 ARTHUR GODFREY RD. MIAMI BEACH FL 33140**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **05/07/1991**  
3a. Date of Last Report: **03/15/1995**  
4. FEI Number: **65-0255189**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CYPEN, MYLES G.  
825 ARTHUR GODFREY RD.  
MIAMI BCH. FL 33140**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.01(2) and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVS</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYPEN, TAD RICHARD</b>	2. NAME	
STREET ADDRESS	<b>825 ARTHUR GODFREY RD.</b>	3. STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI BCH. FL</b>	4. CITY-STATE-ZIP	
TITLE	<b>TO</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYPEN, TAD RICHARD</b>	6. NAME	
STREET ADDRESS	<b>825 ARTHUR GODFREY RD.</b>	7. STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI BCH. FL</b>	8. CITY-STATE-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 registered or trustee thereof, that I have signed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes have occurred in Block 12 with an address.

SIGNATURE: *Tad Richard Cypen* March 26, 1996 (305) 532-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)