FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # S72459 (8)

1. Corporate Name
EXILE ART CORP.

APPROVED
AND
FILED

95 MAY -1 AM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address	Principal Place of Business
%DEAN ZIFF 2999 BRICKELL AVE MIAMI FL 33129	%DEAN ZIFF 2999 BRICKELL AVE MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1991	3a. Date of Last Report: 08/10/1994
4. FEI Number: 65-0290661	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Mailing Address	2a. Mailing Address
21	26
Street Address	Street Address
22	27
City-State-Zip Code	City & State
23	28
Country	Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

ZIFF, DEAN
2999 BRICKELL AVE
MIAMI FL 33129

10. Name and Address of New Registered Agent

31 Name	
32 Street Address (P.O. Box Number is Not Acceptable)	
33	
34 City	FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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

12. OFFICERS AND DIRECTORS

Title	PS
Name	BONNET, ARTURO
Street Address	6830 SW 65TH STREET
City-State-Zip	MIAMI FL
Title	VAS
Name	ZIFF, DEAN
Street Address	2999 BRICKELL AVE
City-State-Zip	MIAMI FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and accurate and that, pursuant to the requirements of Section 607.1622, Florida Statutes, I am authorized to execute this report.

SIGNATURE: Dean Ziff, VP

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

305/856-0333

0126768 CP