

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
STATE OF FLORIDA CORPORATION

APPROVED
AND
FILED

95 MAY -1 AM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S72459** (8)
EXILE ART CORP.

1. Name of Corporation: **DEAN ZIFF**
2999 BRICKELL AVE
MIAMI FL 33129

2a. Mailing Address:
DEAN ZIFF
2999 BRICKELL AVE
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date of Report (if Quarterly)	3b. Date of Last Report
08/12/1991	08/10/1994
4. FET 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
7. This corporation has liability for intangible tax under S. 199 D.S.F. Florida Statutes ☐ Yes ☒ No	

2. Name of Corporation (if different from 1)	2a. Mailing Address
21	26
3. State of Incorporation	3a. State of Incorporation
22	27
4. City and State	4a. City and State
23	28
5. City	5a. City
24	29
6. County	6a. County
25	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

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 607.0802 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 607.0802, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PS BONNET, ARTURO 6830 SW 65TH STREET MIAMI FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	VAS ZIFF, DEAN 2999 BRICKELL AVE MIAMI FL	2. NAME	☐ Change ☐ Addition
CITY		3. NAME	☐ Change ☐ Addition
COUNTY		4. NAME	☐ Change ☐ Addition
STATE		5. NAME	☐ Change ☐ Addition
ZIP CODE		6. NAME	☐ Change ☐ Addition
		7. NAME	☐ Change ☐ Addition
		8. NAME	☐ Change ☐ Addition
		9. NAME	☐ Change ☐ Addition
		10. NAME	☐ Change ☐ Addition
		11. NAME	☐ Change ☐ Addition
		12. NAME	☐ Change ☐ Addition
		13. NAME	☐ Change ☐ Addition
		14. NAME	☐ Change ☐ Addition
		15. NAME	☐ Change ☐ Addition
		16. NAME	☐ Change ☐ Addition
		17. NAME	☐ Change ☐ Addition
		18. NAME	☐ Change ☐ Addition
		19. NAME	☐ Change ☐ Addition
		20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in S.B. 1100, 1995, Chapter 10, Florida Statutes. I further certify that the information is complete and true in all respects and that my corporation shall keep the same kept in the office of the Secretary of State and shall not be used for any other purpose. I am familiar with and accept the obligations of the provisions of the Florida Statutes and that my corporation shall keep the same kept in the office of the Secretary of State and shall not be used for any other purpose.

SIGNATURE:

(Signature of Registered Agent or Designated Agent)

305/856-0323