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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # S75048 (6)

1. Corporation Name
WORLD GALLERY, INC.

Principal Place of Business	Mailing Address
945 LINCOLN RD MIAMI BEACH FL 33139 US	945 LINCOLN RD MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/21/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 304 MULBERRY STREET	26 304 MULBERRY STREET
Suite, Apt. #, etc. 22 LOBBY	Suite, Apt. #, etc. 27 LOBBY
City & State 23 NEW YORK NY	City & State 28 NEW YORK NY
Zip 24 10012	Country 25
Zip 29 10012	Country 30

4. FEI Number: 65-0286175 ☐ 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

9. Name and Address of Current Registered Agent

CVERN, HELEN
1621 COLLINS AVE.
SUITE 602
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: NEISEN O. KASDIN, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): GEIGER, KASDIN, HELLER & KUPERSTEIN, P.A.
83 1428 Brickell Avenue/Sixth Floor
84 City: Miami FL 85 Zip Code: 33131

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: Neisen O. Kasdin — 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	DPS	11 TITLE	DPS ☒ Change ☐ Addition
NAME	CVERN, HELEN	12 NAME	CVERN, HELEN
STREET ADDRESS	~~1621 COLLINS AVE., #602~~	13 STREET ADDRESS	304 Mulberry Street
CITY-ST-ZIP	~~MIAMI BEACH FL~~	14 CITY-ST-ZIP	~~New York, N.Y. 10012~~
TITLE	T	21 TITLE	T ☒ Change ☐ Addition
NAME	CVERN, HELEN	22 NAME	CVERN, HELEN
STREET ADDRESS	~~1621 COLLINS AVE., #602~~	23 STREET ADDRESS	304 Mulberry Street
CITY-ST-ZIP	~~MIAMI BEACH FL~~	24 CITY-ST-ZIP	~~New York, N.Y. 10012~~
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Helen Cvern 4-6-95 (212)343-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0147462 CP