## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S94739**1. Corporation Name:

(7)

INTERNATIONAL ART PROMOTION, CORP.

**FILED** Jan 16 1997 8:00am Secretary of State

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Н	II	III	Hi	Н	Ш	H	H	Н	H	l	I	ı	Ш	H	H	Ш	I	ł	ł	ı	ľ	Ш	H	Ш	III	Ш	И	I	ı

Principa Place	of Business	Mailing Address			1 10011010 110 10111 01011 1000	t attim imis mi	imii nimii dibat nebii	/1011 BIOLS	1881
444 BRICKELL	AVE.	444 BRICKELL AVE.							
SUITE 51		SUITE 51							
MIAMI FL 33131		MIAMI FL 33131-2403			3. Date Incorporated or Qu	alifod	3a. Date of La	et Popo	<del></del>
					11/18/1991	ameo	02/26/199		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		·	Applie	d For
21		26			65-0297257		ļ	Not Ap	plicable
Suite Apt	t. etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	irod	□ \$8.7	75 Addil	tional
22		27			5. Certificate of Status Des	ilea	└─ Fe	e Requir	red
City & State		City & State			6. Election Campaign Fina	ncing	<b>\$</b> 5.	<b>00</b> May	у Ве
23		28	**************************************		Trust Fund Contribution		Add	ded to Fe	ees
Zip	Country	Zφ	Country		8. This corporation has lial			er s. 199	9.032
24	25	29	30		Florida Statutes		Yes No		
	9. Name and Address of Cur		81	NI	10. Name and Address of	New Heg	istered Agent		
	REGISTERED AGENT COR	<b>?</b> ,	81	Name					
	SEVILLA AVE.		82	Street Addr	ess (P.O. Box Number is Not A	cceptabl	e)		
COR	AL GABLES FL 33134								
			83		•				
			84	City			85	Zip Code	e
				•			FL	•	
11. Pursuant t	o the provisions of Sections 607.0 egistored agent, or both, in the St	1502 and 607.1508, Florida State	utes, the above	-named corp	oration submits this statement	for the pu	urpose of changi	ng its re	gistered
agent. Far	n familiar viith, and acceptathe ob	hoations of Section 607.0505, I	Torida Statutes	THE COLUMN	I I I	зу ассері	t the appointmen	.cas regi	ISIGIEO
SIGNATURE	X. Chilman F - O	Law Kun	,	/ Ilun		,	1/8/97-		
SIGNATO II.	anathre, typical or printed name of tograve or	agent and for diagraphicable (No.	OLE: Registered ge	nt signature.	od whe vanstating)		D		····
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES T	O OFFIC			
TITLE	D	DELETE	1.1 181.6				☐ Cha	nge	Addition
NAME	CHIROUSSOT-CHAMBEAUX	, D.	1.2 NAME						
STREET ADDRESS	444 BRICKELL AVE., #51		1 3 STREET	ADDRESS		,			
CHY-ST-ZIF	MIAMI FL		1.4 CITY - S	T-ZIP					
TITLE	D	DELETE	2.1 TITLE				☐ Cha	nge 🗀	] Addition
NAME	CHIROUSSOT-CHAMBEAUX	, P.	2.2 NAME	·					
STREET ADDRESS	444 BRICKELL AVE., #51		23 STREFT	ADDRESS					
COY-ST-ZIF	MIAMI FL		2 4 CITY-1	ST-ZIP					
TITLE		DELETE	3 1 TITLE				☐ Cha	nge 🗀	Addition
NAME			3.2 NAME						
STREET ADORESS			3.3 STREET	ADDRESS					
CHY-SI-Zi2			3.4 CHY-	ST-ZIP					
1:TLE		☐ DELETE	4.1 TITLE				☐ Cha	nge 🗀	Addition
NAME			4. 2 NAME				٠		
STREET ADDRESS			4.3 STREET	ADDRESS					
CHTY - \$1 - ZiP			4.4 CITY - 9	T ZIP					
T(T,F		DELETE	5 ! TITLE				Cha	nge [	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS		1			
CHTY - S1 - 21P			5.4 CITY-S	51 - ZIP					
Title		DELETE	6 1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Cha	nge [	_ Addit-on
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
Crty - St - ZiP			6.4 CITY - 5	1					
	by cort ly that the information supp	hidd with this fing does not qu			d in Section 119.07(3)(i), Florid	a Stalutes	I further certify	that the	
informatic Lam an c	by cort ly that the information supp in indicated on this armual report fliger or director of the corporation	or supplier and annual report is a or the first over or truster emp	s frue and acci owered to exec	urate and that oute this repor	t my signature shall have the s rt as required by Chapter 607,	ame legal Florida Si	l effect as if mad tatutes, and that	e under my nam	oath; that e

I do hereby cert ly that the information supplied vinformation indicated on this amutal report or supliar main officer or director of the corporation or appears in Black 12 or Block 13 if changed or o

SIGNATURE: