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

**PROFIT CORPORATION** ANNUAL REPORT

4997°



Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V07405

(6)

I.F.A.E. INTERNATIONAL FINE ART EXPOSITIONS, INC

•					
Principal Place of Business		Maiting Address		T SABAT ARIAS ABAST ISAN AND IT BATA AND IT	11011 81011 61 <del>8</del> 11 01011 01011 01011 1011
8725 SE OCEAN BLVD. #201 BTUART FL 34996		3725 SE OCEAN BLVD. #201 STUART FL 34996-6715 US		1	
US				3. Date Incorporated or Qualified 01/16/1992	3a. Date of Last Report 04/30/1996
2. Principal P	ace of Business	2a. Mailing Address 26		4. FEI Number 95-4288718	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	9. Name and Address of Current		30]	Florida Statutes  10. Name and Address of New Reg	
<del>-1401</del>	TËRLING, JAMES, JR. BRIOKELL AVE.		81 Name  82 Street Addr  2 30 1	ess (P.O. Box Number is Not Acceptable SE Monteret	
SIGNATURE	to the provisions of Sections 607.0502 epistered agold, or both, in the State of m familiar with, and accept the obliga- must be supported by the Signature, by of or printed name of regions of agon	<b>-</b>	es, the above-named corp authorized by the corporat orida Statutes.	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	11 TITLE		Change Addition
ŅAME	LESTER, DAVID		1.2 NAME		
STREET ADDRESS	3725 SE OCEAN BLVD. #201		1.3 STREFT ADDRESS		
CITY-ST-ZIP	STUART FL	Dorutte	1.4 CITY - ST - ZIP	<u>,</u>	Change Addition
TITLE	D Lester, Lee ann	DELETE	2.1 TIBLE		Change Addition
NAME ISTREET ADDRESS	\$725 SE OCEAN BLVD. #201 STUART F.		2.2 NAME 2.3 STREET ADDRESS		
ICITY-ST-ZIP	DIOMIT:	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	·		3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	•	•	3.4 CITY-S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME ₹			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(1Y - S1 - Z(P	÷	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP		DELETE -	5.4 CITY-ST-ZIP	·	Change Addition
TITLE		□ DECEIE -	6.1 TITLE	•	Change Addition
NÂME			6.2 NAME		
STREET ADDRESS	n		6.3 STREET ADDRESS 6.4 City-St-Zip		
CITY-ST-ZIP	ov certify that the information supplied	with this filing decs not quali	fy for the exemption stated	in Section 119.07(3)(i). Florida Statute	s. I furthor certify that the
Informatio I am an o appears I	in Indicated on this annual report of si fficer or director of the corneration or n Block 12 or Block 13 if changed in	ipplemental annual report is the receiver or trustee empowers an axiachment with an additional areas.	ruc and accurate and that vered to execute this repor dress	d in Section 119.07(3)(i), Florida Statute I my signature shall have the same lega It as required by Chapter 607, Florida S	I effect as if made under oath; that itatules; and that my namo

**FILED** 

Mar 13 1997 8:00am

Secretary of State