

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000025320

**Entity Name:** ARTTRUST MASTERS AMERICAS, INC.

**Current Principal Place of Business:**

1521 ALTON ROAD  
SUITE 508  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1521 ALTON ROAD  
SUITE 508  
MIAMI BEACH, FL 33139 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JAROSLAWICZ, ISAAC ESQ.  
1177 KANE CONCOURSE  
SUITE 222  
BAY HARBOR ISLAND, FL 33154 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            WEAVER, ANTHONY DR.  
Address        1521 ALTON ROAD, SUITE 508  
City-State-Zip: MIAMI BEACH FL 33139

Title            EVP  
Name            JACKMAN, STEVEN  
Address        1521 ALTON ROAD, SUITE 508  
City-State-Zip: MIAMI BEACH FL 33139

Title            PRESIDENT, DIRECTOR  
Name            SAILE, MARLENE ESQ.  
Address        1521 ALTON ROAD  
                 SUITE 508  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTHONY WEAVER**

**SECRETARY**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date