

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F53163** (4)

1. Corporation Name
ART DIRECTIONS, INC.



Principal Place of Business: **5999 BISCAYNE BLVD. MIAMI FL 33137 US**
Mailing Address: **5999 BISCAYNE BLVD. MIAMI FL 33137 US**

3. Date Incorporated or Qualified: **11/09/1981**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 1110 Brickell Ave. Suite 206 MIAMI FL 33131 USA**
2a. Mailing Address: **26 1110 Brickell Ave. Suite 206 MIAMI FL 33131 USA**

4. FEI Number: **59-2156920**
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: **WORLWIDE CORPORATE SERVICES INC. ONE FINANCIAL PLAZA SUITE 2626 FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent: **81 Name: ALAN BURGER
82 Street Address (P.O. Box Number is Not Acceptable): 200 South Biscayne Blvd. Suite 2350
83
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: *[Signature]* DATE: **4/19/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SARASOLA, EDUARDO A.	
STREET ADDRESS	5999 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CIMETTA, KENNETH	
STREET ADDRESS	5999 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, ROBERT	
STREET ADDRESS	5999 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ROY	
STREET ADDRESS	5999 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VOGEL, SANTO J.	
STREET ADDRESS	5999 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Rodriguez, Roy	
13. STREET ADDRESS	1110 Brickell Ave. Suite 206	
14. CITY - ST - ZIP	MIAMI, FL. 33131	
2. TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
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)(k), 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 registered 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: *[Signature]* DATE: **4/19/96** **(305) 286-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)