

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000067120 (2)

1. Corporation Name

ARTEX IN USA, INC.



Principal Place of Business

Mailing Address

9511 W CALUSA CLUB DR
MIAMI FL 33186

9511 W CALUSA CLUB DR
MIAMI FL 33186

3. Date Incorporated or Qualified

08/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10691 SW 88ST

26 10691 SW 88ST

4. FEI Number

65-0615084

Applied For

Not Applicable

22 Suite, Apt. #, etc. Suite # 108

27 Suite, Apt. #, etc. SUITE # 108

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State MIAMI FL

28 City & State MIAMI FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 33176 25 Country USA

29 Zip 33176 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW FIRM MANFRED ROSENOW
2425 CORAL WAY
MIAMI FL 33145

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [] DELETE
NAME BLANCO, ARTURO P
STREET ADDRESS 9511 W CALUSA CLUB DR
CITY-ST-ZIP MIAMI FL 33186

1 1 TITLE [] Change [] Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP

TITLE VD [] DELETE
NAME BLANCO, EDUARDO P
STREET ADDRESS 9511 W CALUSA CLUB DR
CITY-ST-ZIP MIAMI FL 33186

2 1 TITLE [] Change [] Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP

TITLE STD [] DELETE
NAME DE PEREZ, HELIA M
STREET ADDRESS 9511 W CALUSA CLUB DR
CITY-ST-ZIP MIAMI FL 33186

3 1 TITLE [] Change [] Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP

TITLE [] DELETE

4 1 TITLE [] Change [] Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

TITLE [] DELETE

5 1 TITLE [] Change [] Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

TITLE [] DELETE

6 1 TITLE [] Change [] Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 01/29/96 X (305) 3876136
Date Daytime Phone #

CR2E034 (12/95)