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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

 Corporation 	ARTI ENTERPRISES, INC.					
D: : + D!		Mailing Address			EIRN BION ENDEN DI	ALL BIEN (EB)
Principal Place of Business Mailing Address						
2901 S W 7ST 2901 S W 7ST MIAMI FL 33135 MIAMI FL 33135			·	*		
MIAMI FL 33133	•	MIAMI TE SOTSO		DO NOT WRITE IN THE	S SPACE	
				3. Date Incorporated or Qualifed 06/05/1970	• .	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26		59-13053 <u>81</u>	Not	Applicable
Suite, Apt. i	#, etc. '	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		o. Committee of Change Country	Fee Red	
City & State)	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added to) Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In		□No
24	9. Name and Address of Current	29 36	9	Personal Property Tax. 10. Name and Address of New Registered		
	5. Name and Address of Current	. Itegistereu Agent	81 Name		<u> </u>	\neg
BAR	RENECHE, J M PA					
9485 SUNSET DR, STE A252			82 Street	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33173			83	301 34 (00 =110		
						\
			84 City	liami FI	L 85 33	10de 173
office or re agent. I ar	to the provisions of Sections 607.0502 agistered agent, or both, in the State on the familiar with, and accept the obligat	nt Florida. Such change was autr	iorized by the cofb	corporation submits this statement for the purpose oration's board of directors. I hereby accept the appearance of the purpose	f changing its a sintment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE. Re	egistered Agent signature	required when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	MONTERO,BLANCA A		1.2 NAME	,		
STREET ADDRESS	1544 N.W. 29 COURT		1.3 STREET ADDRESS	,		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		Change	Addition
TITLE	PSD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	MONTERO, MARTHA		2.2 NAME	,		
STREET ADDRESS	1544 NW 29 COURT		2.3 STREET ADDRESS		٠.	
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.4 CITY-ST-ZIP	-	Change	Addition
TITLE	SD NECTOR	☐ DETELE	3.1 TITLE			
NAME	MONTERO, NESTOR		3.2 NAME			
STREET ADDRESS	6039 COLLINS AVE. APT. 727		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL	☐ DELETE	4.1 TITLE		☐ Change	Addition
TITLE			4.2 NAME		<u> —</u>	
NAME			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 ΠTLE		☐ Change	Addition
NAME		—	5.2 NAME		-	
STREET ADDRESS		•	5.3 STREET ADDRESS			
CITY-ST-ZiP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			62 NAME			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #