SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

ARTBECK INTERNATIONAL LTD., INC.

2790 MW 104 COURT 1978 MW 104 COURT 1978 MW 104 COURT 1978 MW 105 COURT 1978 MW 106 COURT 1978							
MAM FL 33172 WHAM FL 33172 US 3. Date Incorporated or Qualified (39/01/1907) 3. Date Incorporated (30/01/1907) 3. Date Incor	•		Mailing Address				
US DO NOT WRITE IN THIS SPACE		*					
2. Principal Place of Business						DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business	00		00				
Suite, Apt. #, etc.						i ,	
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
City & State	21	26	4.7%		59-1773222 Not Applicable		
City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Certificate of Status Desired	
Zip						Fee Required	
Zip	City & State City & State			ate			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent SIMON, GARY P. ESC. 9100 S DADLEAND BLVD STE 504 14 N.E. 1ST. AVE. MIAMI FL 33156 14 City 15 Street Address (P.O. Box Number is Not Acceptable) 17. 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, 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, 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, or both, in the State of Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ITILE 12. ITILE 12. TO BELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ACITY-ST2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. TITLE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. TITLE 19. Change Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 29. AVERTAGE ADDRESS AND DIRECTORS IN 12 29. AVERTAGE ADDRESS ADD	23					Trust Fund Contribution	
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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 comporation 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

DELETE

Change Addition

FILED

Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90010 005 ***558.75

<u>. | 18019| 1808| | 1879 | 1874 | 1874 | 1874 | 1874 | 1874 | 1874 | 1874 | 1874 | 1874 | 1874 | 1874 | 1874 | 1</u>