* FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F61816

(7)

ARTMERCH ASSOCIATE, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

Principal Place	of Business	Mailing Address	Mailing Address						
4759 PALM AVE		P. O. BOX 558383							
STE. 193		141414 Pt D00PP 00	10						
HALEAH FL 33012 US		MiAMI FL 33255-8383 US				3. Date Incorporated or Qualified 3a. Date of Last Report 01/20/1982 05/01/1996			
	lace of Business	2a. Mailing Addres	\$			4. FEI Number		Applied For	
21		26			_,	59-2157791 Not Applicable			
Suite, Apt.		Suite. Apt. #, et	C.			5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23	- Co to	28	(p) Country			Trust Fund Contribution		Added to Fees	
Zip	Country	Zφ	a	uniry		8. This corporation has liability for in Florida Statutes	ntangible tax t Yes 🏻 No		
24	9. Name and Address of Currer	29 Agent	30	1		10. Name and Address of New Reg			
404		i iogistorea rigora		81 Na	me	TO, Hallis and Address C. Now Flog	into ou rigor		
	JO, URBANO								
	O SW 48TH TERR.			82 St	reet Addre	ss (P.O. Box Number is Not Acceptabl	e)		
MIA	MI FL 33155			83					
				84 Ci	ly		FL 85	Zip Code	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida of Florida. Such change ations of, Section 607.05	Statutes, the a was authorize 05, Florida Sta	bove-na d by the tutes.	med corpo corporation	oration submits this statement for the propert's board of directors. I hereby accep		nging its registered nent as registered	
SIGNATURE	Signature, typed or printed name of registered age	and a set the County stars	(NCM) Charles a	a local se	at no require	d when reinstalling)	DATE		
12.		D DIRECTORS	13.	to Agricit sig	i annie regoriei	ADDITIONS/CHANGES TO OFFICE		ECTORS IN 12	
TITLE	P	☐ DELF		IILE				Change Addition	
NAME	ABAJO, JORGE A.		1.2 N	IAMÉ				·	
STREET ADDRESS	6850 S.W. 48TH TERR.		1.3 \$	TREET ADDR	itss				
CITY-ST-ZIP	MIAMI FL			:::Y-S1-ZIP	İ				
TITLE	S	DELE						Change Addition	
NAME	ABAJO, URBANO		2.2 N	IAMC				!	
STREET ADDRESS	6850 S.W. 48TH TERR.		238	STREET ADDE	iess				
CITY-ST-ZIP	MIAMI FL		2 4 1	CITY - ST - Zil	,				
TITLE		☐ DELE	TE 31T	IT L.E				Change Addition	
NAME			32 N	IAM[
STREET ADDRESS			335	STREET ADDR	RESS			•	
CITY-ST-ZIP				C(1 Y - ST - Z)	,				
TITLE		☐ D€tE	IE 4.11	TILE				Change Addition	
NAME			4. 2 1	NAME					
STREET ADDRESS			4.3 \$	TREFT ADDI	ess [
CITY-ST-ZIP				CITY - ST - ZIF					
TITLE		☐ DELE	1E 5.11	DIE				Change Addition	
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 \$	STREFT ADDE	IESS				
CITY-ST-ZIP				CITY - \$1 - 7.1F					
TITLE		☐ DELE	TE 611	ILE				Change Addition	
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 \$	TREET ADDE	RESS				
CITY-ST-ZIP				HTY-ST-ZIE					
14. I do herel	by certify that the information supplied	ed with this filing does no	Louality for the	exempt	ion stated	in Section 119.07(3)(i), Florida Statutes	. I further cert	tify that the	

I do needly definy that the information supplied with this litting does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. If brinker 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 trusted 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.

Elebano abost

URBAND ABATO- 4/23/97-305-666-572