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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # H44936

(3)

FILED Jan 15 1998 8:00am Secretary of State

ARTFU	L DODGER ENTERPRISE	ES, INC.			8/ 8/8/
Principal Plac	ce of Business	Ma ling Address			DII BIOII EHRII DIBIF DIBIF DIBIF IJAI
6525 S.W. 133 DRIVE 6525 S.W. 133 MIAMI FL 33156 MIAMI FL 33156				DO NOT WRITE IN	THIS SDACE
				3. Date Incorporated or Qualified	THIS STACE
				02/28/1985	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2610624	Not Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		5. Conficate of Status Desired	\$8.75 Additional
22 City & Stat		City & State			Fee Required
23	e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z ₍)	Country	8. This corporation owes or has paid t	
24	25	29	30	Personal Property Tax due June 30.	— ′ — ¬ "
	9. Name and Address of Cu		1731	10. Name and Address of New Regis	
BR	IDGES, ROGER A.		81 Name		
334	4 MINORCA AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ITE 200				
CO	DRAL GABLES FL 33134		83		
			84 City		85 Zip Code
44 0	4.0		1 1		
office or r agent. I a	registered agent, or both, in the S im familiar with, and accept the of	osuz and 607 1898, Florida Statul tate of Florida Such change was a bligations of Section 607.0505, Florida	ies, me above-named corp authorized by the corpora orida Statutes.	poration submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its registered to appointment as registered
SIGNATURE	Signature, typed or printed name of registers.	Special and the dispersion becomes the State (NSS)	E Rugiso red Agent signature requi	read when extractioned	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	DEFETE	11110		Change Addition
NAME	Bridges, Diana C.		1.2 NAME		
STREET ADDRESS	6525 S.W. 133 DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 C/1Y- \$1 - 7/F		
TITLE		☐ DELLTE	2.1 THEF		☐ Change ☐ Addit-on
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY-\$1-20°		
TITLE		[] DICETE	31 11111		☐ Change ☐ Addition
STREET ADDRESS			3 ? NAME		İ
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TIFLE		Change Addition
NAME		F-1 (4) (4)	4 2 NAME		Eli Vilongo Eli Mad Juli
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST+ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY+SI+ZIP		
TITLE		☐ bries€	6 1 71111 6		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

representation 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 eath; 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 an attachment with an address.