

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J73869** (6)
1. Corporation Name
ARTMOVES, INC.



Principal Place of Business
**225 NW 26 STREET
MIAMI FL 33127**

Mailing Address
**225 NW 26 STREET
MIAMI FL 33127
US**

3. Date Incorporated or Qualified
05/11/1987

3a. Date of Last Report
04/10/1995

4. FEI Number
59-2808938

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21. **ARTMOVES INC.**
Suite, Apt. #, etc.
22. **225 NW 26th ST.**
City & State
23. **Miami, FL**
Zip
24. **33127** Country
25. **USA**

2a. Mailing Address
26. **225 NW 26th ST**
Suite, Apt. #, etc.
27. **Miami, FL**
City & State
28. **33127**
Zip
29. **USA** Country
30. **USA**

9. Name and Address of Current Registered Agent

**SPIELER, GREGG
4700 BISCAYNE BOULEVARD
SUITE 200
MIAMI FL**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. 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 date of signature

Signature, typed or printed name of registered agent, and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MALAKATES, ANTHONY	
STREET ADDRESS	1331 LINCOLN RD APT 1402	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MALAKATES, MICHAEL	
STREET ADDRESS	121 OCEAN DR APT 104	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MALAKATES ANTHONY	
1.3 STREET ADDRESS	225 NW 26th St.	
1.4 CITY-ST-ZIP	Miami, FL 33127	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MALAKATES MICHAEL	
2.3 STREET ADDRESS	121 Ocean Dr. APT 201	
2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 305/576-7576
Date Daytime Phone

CR2E034 (12/95)