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 # K81637

(6)

ART EXPRESS SERVICES, INC.

FILED									
Feb 12 1997 8:00am									
Secretary of State									

Principal Place of Business Mailing Address								A	P121118V1
C/O ARTURO	AYALA	C/O ARTURO AYALA							
4280 SW 149 (4280 SW 149 COURT MIAMI FL 33185-4383						
MIAMI FL 3318	i j	MIMMITE GOIGHT-300				3. Date Incorporated or Qualified	3a. Dat	e of Last Re	eport
						04/19/1989		9/1996	·
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ар	plied For
21		26				65-0112695			t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27					Fee Re		
City & State		City & State			Election Campaign Financing	α.	\$5.00		
710	Country	Zip Country			Trust Fund Contribution	L .	Added t		
Zip	25		10	ıı ısı y		8. This corporation has liability for Florida Statutes	intangible t		199.032,
24	9. Name and Address of Curre		<u> </u>	Γ		10. Name and Address of New Re			
AYALA, ARTURO					Name			······································	
4280 SW 149 COURT				00	Chrock & al-al	rone /D O. Boy Number in Not Accept	via)		
	MI FL 33185		!	82	Street Add	ress (P.O. Box Number is Not Acceptal	ле)		
*****				В3	×		············		
				64	City		FL	85 Zip (Code
44 5		00 007 4500 51	4b =		named a	negation or broke this statement for the		oboneine !	n registered
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		A PAR	5				DATE		
12.	Signature, typed or punted name of registered a OFFICERS At	gent and title if applicable (NOTE: ND DIRECTORS	Hegistere	u Age	arır sığısarure redul	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
TITLE	D	DELETE	11 T	TLE		- terminal extract compared to all assembles a see Section 6.		☐ Change	Addition
NAME	AYALA, ARTURO		1.2 N					-	
STREET ADDRESS	4000 ON 440 COURT		•		ADDRESS				
CITY-ST-ZIP	5415541 C1		1		ST-ZIP				
TITLE			2.1 T					☐ Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY - \$1 - ZIP			2. 4 CITY - ST - ZIP		ST-ZIP				
TITLE	☐ DELETE		3.1 T	3.1 TITLE				Change	Addition
NAME		,	3.2 N	IAME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY - ST - ZIP			3.4.0	IIY-	ST-ZIP	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
TITLE		☐ DELETE	4.1 T	TLE				Change	Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP					ST-ZIP				1.4.00-
TITLE		DELETE	5.1 T		}			☐ Change	Addition
NAME				IAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		Aciete	_		ST-ZIP			Change	Addition
TITLE		☐ DELETE	6.1 7					T CHAIRDS	FT Madition
NAME				IAME					
STREET ADDRESS					FADORESS				
CITY-ST-ZIP	<u> </u>		6.4 0	:- YTK	ST-ZIP				

14. I do 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.

SIGNATURE:

HRTURO HYSIS

1-7-97

305-220-6200 Daytime Phone #