SECOND NO	TICE: (	CORPORATION	WILL	<b>BE DISSOLVED</b>	ON OR	<b>AFTER</b>	<b>SEPTEMBER</b>	30,	1998
AMOUNT DIS	FANA	BEENDE MIRAION	8550 (	IE DIGEOLVED MINIK	JULE AMO	HAT OHE	TO DEINGTATE: (	17501	

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT # K81637** 98 JUL 24 PM 3: L8 (6)SECRETARY OF STATE ART EXPRESS SERVICES, INC. Principal Place of Business Mailing Address C/O ARTURO AYALA C/O ARTURO AYALA 4290 SW 149 COURT 4280 SW 149 COURT MIAMI FL 33185 MIAMI FL 33185 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0112695 26 Not Applicable Suite, Apt. #, etc. Suite. Apl. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zφ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AYALA, ARTURO 4280 SW 149 COURT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33185** 83 84 City Zip Code 85 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change Addition AYALA, ARTURO NAME 1.2 NAME 4280 SW 149 COURT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIF 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition **,** 0000260**0**681--6 NAME 2.2 NAME -07/28/98 - **-0**1076 --001 STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*150.00 CITY-ST-Z# 2.4 CITY-ST-ZIP \*\*\*\*150.00 TITLE 3.1 TITLE L DELETE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4 1 TITLE DELETE Addition pe conversation NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP 6.4 CITY-ST-ZIF 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i). Floride 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, Floride Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

07/02/98

(3.05) 2.20-62.00

(305) 220-6200