

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L16815 (7)

1. Corporation Name

ARTECH SOUTHERN, INC.



Principal Place of Business

Mailing Address

10478 SW 184TH TERR
MIAMI FL 33157

10478 SW 184TH TERR
MIAMI FL 33157

2. Principal Place of Business

21 19394 S.W. 106 AVE.

Suite, Apt. #, etc

22 City & State

23 MIAMI, FLA.

24 Zip 33157

25 Country USA

2a. Mailing Address

26 19394 S.W. 106 AVE.

Suite, Apt. #, etc

27 City & State

28 MIAMI, FLA

29 Zip 33157

30 Country USA

3. Date Incorporated or Qualified
09/15/1989

3a. Date of Last Report
05/31/1995

4. FEI Number
65-0173389

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

9. Name and Address of Current Registered Agent

ALBURY, GEORGE
9882 SW 223 TERR
MIAMI FL 33190

10. Name and Address of New Registered Agent

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 town of application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME S
STREET ADDRESS LEONE, MARIANO A.
CITY-ST-ZIP 9000 S.W. 192ND DR
MIAMI FL

TITLE ☐ DELETE

NAME P
STREET ADDRESS ALBURY, GEORGE
CITY-ST-ZIP 9882 SW 223 TERR.
MIAMI FL

TITLE ☐ DELETE

NAME VP
STREET ADDRESS ALBURY, KENNETH
CITY-ST-ZIP 10190 SW 194 ST
MIAMI FL

TITLE ☐ DELETE

NAME VP
STREET ADDRESS ALBURY, RICHARD
CITY-ST-ZIP 10190 SW 194 ST
MIAMI FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS ALBURY, GEORGE S
CITY-ST-ZIP 9882 SW 223 TERR
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

George S. Albury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-96

255-7972

CR2E034 (3/96)