

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90105 038 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15554

1. Corporation Name
ARTIDIELLO INVESTMENT CORP.

Principal Place of Business: % ALBERTO ARTIDIELLO, 11282 NW 6TH TERRACE, MIAMI FL 33172
Mailing Address: 13803 SW 23RD TERRACE, MIAMI FL 33175-6373, US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1985
4. FEI Number: 59-2532882
5. Certificate of Status Desired: XX, \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: No

2. Principal Place of Business: 21 330 W. 9 th. STREET, 22 HIALEAH, FL. 33010
2a. Mailing Address: 26 330 WEST 9 th. STREET, 27 HIALEAH, FL. 33010
23. City & State: HIALEAH, FL. 33010
24. Zip: 33010, 25. Country: DADE, 28. City & State: HIALEAH, FL. 33010, 29. Zip: 33010, 30. Country: DADE

9. Name and Address of Current Registered Agent
ARTIDIELLO, ALBERTO
13803 SW 23RD TERR
MIAMI FL 33175

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

Table with 6 rows for Officers and Directors. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

14. I 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, with all other like empowered.

SIGNATURE: [Signature] APRIL 24, 1999 (305) 887-6705
Date Daytime Phone #

CR2E034 (11/98)