

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90068 012 \*\*\*150.00

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT #</b> P01000041024<br><b>1. Entity Name</b><br>ART-ICHAUX, INC.  |         | <b>Aug 26, 2002 8:00 am</b><br><b>Secretary of State</b><br>08-26-2002 90068 012 ***150.00   |         |
| <b>Principal Place of Business</b><br>5917 HARDING AVENUE<br>SURFSIDE FL 33154   |         | <b>Mailing Address</b><br>5917 HARDING AVENUE<br>SURFSIDE FL 33154   |         |
| <b>2. Principal Place of Business</b>  |         | <b>3. Mailing Address</b>  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |
| <b>6. Name and Address of Current Registered Agent</b><br>MAYER, ROBERT M ESQ.<br>1320 S DIXIE HIGHWAY<br>SUITE 811<br>CORAL GABLES FL 33146   |         | <b>7. Name and Address of New Registered Agent</b><br>Name: Lorraine Silvera<br>Street Address (P.O. Box Number is Not Acceptable): 7925 NW 12 Street #318<br>City: Miami FL Zip Code: 33126   |         |
| <b>4. FEI Number</b> 65110157 <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>  |         |  |         |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |         |  |         |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b><br>SIGNATURE: [Signature] DATE: 7/9/02<br>(NOTE: Registered Agent signature required when reinstating)  |         |  |         |
| <b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/><br>(See criteria on back)  |         | <b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |         |
| <b>11. OFFICERS AND DIRECTORS</b>  |         | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |         |
| TITLE: D<br>NAME: SILVERA, LORRAINE<br>STREET ADDRESS: 5917 HARDING AVENUE<br>CITY-ST-ZIP: SURFSIDE FL 33154 <input type="checkbox"/> Delete   |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |
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| <b>13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b> |         |  |         |
| <b>SIGNATURE:</b> [Signature] <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>  |         | 7/29/02 305 866-7307   |         |

Attachment

B0135239

|             |  |
|-------------|--|
| PREPARED BY |  |
| DATE        |  |

PO1000041024

August 9<sup>th</sup>, 2002.

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT OUR ANNUAL REPORT FOR THE YEAR ENDED 2002 WAS SENT TO AN ATTORNEY AND WE WERE NOT NOTIFIED OF THIS NOTICE. I RECEIVED THIS NOTIFICATION TODAY. ALSO, I SPOKE WITH A PERSON AT THE SECRETARY OF STATE AND I WAS TOLD TO GO AHEAD AND ONLY SEND THE 150% TO RENEW OUR CORPORATION.

PLEASE MAKE CHANGE OF ADDRESS: OUR ADDRESS IS:

ART-ICHANX INC.

9517 HADDING AVE.

SURFSIDE, FL. 33154.

THANK YOU,

Lorraine Silveira  
PRESIDENT.