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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

. Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016364 (0)

ARTICHOKE INTERNATIONAL, INC.

| rnncipal riase | | Moding Address | | | | | | |
|---|---|---------------------------------|--|--|---|-----------------|--|---|
| Principal Place of Business 6120 SW 80TH ST. MIAMI FL 33143 | | Mailing Address P.O. BOX 140184 | | | | | | |
| | | CORAL GABLES FL 33114-0184 | | ` | 4 | | | |
| | | US | 4.4 | | | As Date | of Lost De | nort |
| | | | | | 3. Date Incorporated or Qualified 02/26/1993 | | of Last Re 0/1996 | |
| 2. Principal Pla | abo of Business | 2a. Mailing Address | | | 4. FEI Number | | | plied For |
| | | 26 Cuite Ant # etc. | | | 65-0391823 | | \$8.75 A | t Applicable |
| = Suite Apt.≇ ਹੋ | r euc | Suite, Apt. #, etc. | | • | 5. Certificate of Status Desired | | Fee Re | |
| City & State | i | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| | | 28 | | | Trust Fund Contribution | | Added to | |
| <i>Ζ</i> :ρ | Country | Zip | Countr | у | 8. This corporation has liability fo | r intangible ta | ax under s. | 199.032, |
| | 25 | 29 | 30 | | Fiorida Statutes 10. Name and Address of New F | Yes | | |
| | g. Name and Address of Curre | nt Hegistereo Agent | 81 | Name | 10, Name and Address of New F | radioraian wi | 90111 | |
| | N, MONROE | | | | | | | |
| | -B BIRD RD. | | 82 | Street Add | lress (P.O. Box Number is Not Accepta | able) | | |
| MIAN | Al FL 33155 | | 83 | 3 | | | | |
| | | | | | | | Taul mile | |
| | | | 84 | City | | FL | 85 Zip (| Jode |
| 1 Cursuant to | a the pravisions of Sections 607.05 | 02 and 607.1508. Florida Stati | utes, the above | ve-named cor | poration submits this statement for the | purpose of c | hanging it: | s registere |
| | n familiar with, and accept the oblig | gations of, Section 607.0505, F | lorida Statute | es. | poration submits this statement for the ation's board of directors. I hereby acc | | | |
| SIGNATURE . | Signature, typico or printed name of registered ac | pent and to eif applicable (NC | DTE. Registered A | gent signature requ | uired when reinstating) | DATE | | |
| | CONCURATION AND | ID DECTARD | | | | | ロロロアクサクロ | C INI 12 |
| 2. | | VD DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | | |
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Secretary of State

Daytime Phone #