FILE NOW: FILING FEE AFTER MAY 1 IS $220.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050803 (4)

1. Corporation Name
ARTDECO COMMUNICATIONS INC.

Principal Place of Business	Mailing Address
~~2200 COLLINS AVENUE~~ ~~STE. A, 2ND FLOOR~~ ~~MIAMI BEACH FL 33139~~	~~2200 COLLINS AVENUE~~ ~~STE. A, 2ND FLOOR~~ ~~MIAMI BEACH FL 33139~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1993
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21 3425 Collins Ave.
Suite, Apt. #, etc.
22 C-4
City & State
23 Miami Beach
Zip 24 33140 Country 25 U.S.A.

2a. Mailing Address
26 3425 Collins Ave.
Suite, Apt. #, etc.
27 C-4
City & State
28 Miami Beach
Zip 29 33140 Country 30 U.S.A.

4. FEI Number: 65-0417290 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MENDOZA, CARLOS
2200 COLLINS AVENUE
STE. A, 2ND FLOOR
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: ALVARO MENDOZA
82 Street Address (P.O. Box Number is Not Acceptable): 3425 Collins Ave C-4
83
84 City: Miami Beach FL 85 Zip Code: 33140

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: Alvaro Mendoza 7/19/95
(Signature of new registered agent, if changed) (DATE) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	~~MENDOZA, CARLOS~~	12 NAME	MENDOZA, ALVARO	
STREET ADDRESS	~~4447 NORTHWEST 185TH STREET~~	13 STREET ADDRESS	3425 COLLINS AVE., C-4	
CITY ST ZIP	~~MIAMI FL 33055~~	14 CITY ST ZIP	Miami Beach, FL. 33140	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	~~MENDOZA, CARLOS~~	22 NAME		
STREET ADDRESS	~~4447 NORTHWEST 185TH STREET~~	23 STREET ADDRESS		
CITY ST ZIP	~~MIAMI FL 33055~~	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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 the 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.

SIGNATURE: Alvaro Mendoza 7/19/95 (305) 534-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0147000 CP