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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045143 (2)

THE ARTEL MAXIM CORPORATION

Mailing Address

## **FILED** Apr 25 1997 8:00am Secretary of State



Principal Place of Business		Mailing A	Mailing Address				[ 100,100, 110   1011				
8410 S.W. 16TH			3410 S.W. 16TH TERRACE								
MIAMI FL 33145	3	MIAMI FL	33145-1713				· ·				
							3. Date Incorporated or Qualified	3a. Date	oflas	t Report	
							06/16/1994	05/0	1/1996	<b>3</b>	
2. Principal Pl	ace of Business	2a. Mailin	g Address				4. FEI Number	1		Applied For	
21		26					65-0512894 Not Applicable				
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.				E Continue of Chalus Declared		\$8.7	5 Additional	
22		27					5. Certificate of Status Desired		Fee	Required	
City & State	)	City &	City & State				6. Election Campaign Financing	<b>\$5.00</b> May Be			
23		28					Trust Fund Contribution			ed to Fees	
Zip	<b>├─</b> ┐ '		Zip Cau				8. This corporation has liability for in	ntangible t	ax unde	r s. 199.032,	
24	25 29		30				Florida Statutes Yes VNo 10. Name and Address of New Registered Agent				
	9, Name and Address of Curren	i Hegistered A	gent		81	Name	10. Name and Address of New Reg	Jistered A	Beur		
	/ERS, INGER L				•	Name					
	S.W. 16TH TERRACE		82 Street Ac			Street Ad	ddress (P.O. Box Number is Not Acceptable)				
MRAN	AI FL 33145				83						
					03						
					84	City		FL	85 Z	ip Code	
dd Daracant	to the arguinians of Sections 607.050	2 and 607 160	Elorida Ciatur	too tho of		named or	prporation submits this statement for the pr		hangin	n its registered	
office or re	egistered agent, or both, in the State	of Florida, Suc	h change was	authorized	yd b	the corpor	ration's board of directors. I hereby accep	t the appo	intment	as registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section	on 607.0505, FI	lorida Stati	utes	3.				ļ	
SIGNATURE	Signature, typed or printed name of registered age	of and tile if applica	ble (NO	IF Begistered	i Aae	n: signature rec	quired whon reinstating)	DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12	
TELE			1.1 10	TLE.	<u></u>		]	Chang	e Addition		
NAME	POWERS, INGER L			1.2 NA	ME					į	
STREET ADDRESS	3410 S.W. 16TH TERRACE		1.3 STREET ADDRESS			ADDRESS					
CITY-ST-ZIP	MIAMI FL 33145			1.4 CI	IY-5	T- 7(P					
TITLE	SVD		DELETE	2.1 TITLE				Ţ	Chang	e 🔲 Addition	
NAME	infeld, arthur M			2.2 NA	ME.						
STREET ADDRESS	1200 N.W. 34TH AVE.			2.3 ST	REEF	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33125			2. 4 C	11Y-5	ST - ZIP				<u></u>	
TITLE			☐ DELETE	31111	TLE.			-	Chang	je ∐ Addition	
NAME				3.2 NA	ME		•	£* 1			
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			Decress			ST - ZiP			05	NO Bellevice	
TITLE			DELETE	4.1 [1]					Chang	ge L Addition	
NAME				4. 2 N							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			DELETE	4.4 CI		31 - ZIP			Chang	ge Addition	
TITLE			LL DELLE	5.1 TITLE 5.2 NAME						JO E AUGINOTI	
NAME						ADDRESS					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	1.		DELETE	5.4 CI 6.1 TI		1-714			Chang	ge Addition	
TITLE			DELCTE.	6.2 NA				ı	VIII.		
NAME CTREET ADDRESS						ADDRESS					
STREET ADDRESS						1				ļ	
CITY-ST-ZIP				6.4 CI	11 - S	1-217	12 0 5 440 07(0)(5 F) 54 C(44 C)	17 11	116 16		

I do 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