

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

FILED

May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000035350 (4)

1. Corporation Name

ARTISTS BY NOELLE, INC.



Principal Place of Business

6557 CORAL WAY
MIAMI FL 33155

Mailing Address

6557 CORAL WAY
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1995

4. FEI Number

65-0582975

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6775 SW 103 Ct.

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

24 Zip 33173

25 Country USA

2a. Mailing Address

26 6775 SW 103 Ct.

Suite, Apt. #, etc.

27 City & State

28 Miami FL

29 Zip 33173

30 Country USA

9. Name and Address of Current Registered Agent

GISBERT, NOELIA
6557 CORAL WAY
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

GISBERT, NOELIA

82 Street Address (P.O. Box Number is Not Acceptable)

6775 SW 103 Ct

83

84 City

Miami

FL

85 Zip Code

33173

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

Noelia Gisbert

PRESIDENT

5/1/98

Signature of person or persons authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GISBERT, NOELIA
STREET ADDRESS 6775 S.W. 103RD CT.
CITY-ST-ZIP MIAMI FL 33173 ☐ DELETE

TITLE D
NAME MENESES, EDWARD
STREET ADDRESS 6431 SW 106 AVE
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME JIMENEZ, ROGELIO
STREET ADDRESS 13060 SW 80 ST
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME LEMUS, RAFAEL
STREET ADDRESS 4155 SW 107 PL
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Noelia Gisbert

PRESIDENT

5/1/98

(305) 732-2285

CFR2034 (10/97)