## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000075446 (1)

ARTECH BY OLAYA, INC.

Principal Place of Business Mailing Address								
1705 N.E. 116 NORTH MIAM	ITH ROAD. APT 8 I FL 33181		1705 N.E. 116TH ROAD, APT 8 NORTH MIAMI FL 33181					
						3. Date Incorporated or Qualified 09/27/1995		ate of Last Report
2. Principal Pla 21	ace of Business	2a. Mading Ad 26	ddress			4. FEI Number 65-064642	9	Applied For Not Applicable
Suite, Apt #	#, etc	Suite, Apt				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & Sta				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζ(ρ <b>24</b> ]	25 29 30		<b>├</b>	ountry  8. This corporation has liability for intangible taxander's 199.032. Florida Statutes Yes No				
	9. Name and Address of Cu	rrent Registered Ager	)t	4_	·	10. Name and Address of New Re	jistered /	Agent
OL.	AYA, JORGE E			81	Name			
1705 N.E. 116TH ROAD, APT 8 NORTH MIAMI FL 33181				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
110	11111 MINIM 1 E 00 10 1			83				
				84	' '		FL	85 Zip Code
office or re	o the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	itate of Florida. Such ch	ange was authorize	d by	the corporation	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of o the appoi	changing its registered intment as registered
SIGNATURE								
	Segradore its in the period name of registere	of agent and to est applicable.	(NOTE Registe	rod Ag	entis gnature regun	ed when relistating?	DAIL	
12.		S AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND	
₹IITL€	D		DELETE 11	HILF			!	Change Addition
NAME	OLAYA, JORGE E		12	NAMÉ				
STREET ADDRESS	1705 N.E. 116TH ROAD,	APT 8	13	STREE	r address			
C!TY-ST-ZIP	NORTH MIAMI FL 33181		14	CITY -	915 - 18			
TITLE			DELETE 21	TITLE			I	Change Addition
NAME			22	NAME				
STREET ADDRESS			23	STREE	1 ADDRESS			
CITY - ST - ZIP			2.4	CITY -	ST-ZIP			1
TITLE				TITLE				Change Addition
NAME			32	NAME				
STREET ADDRESS			33	STREE	FADDRESS			
CITY - ST - ZIP					ST-ZIP			
TITLE				TiTLE			T	Change Addition
NAME			4.3	NAME			_	
STREET ADDRESS					T ADDRESS			
					\$1-21F			
CITY-ST-ZIP TITLE		————П		TITLE	31.711		Т	Change Addition
NAME		LJ		NAME			L	
					T ADODECC			
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP					S1 - ZIP			Change Addition
TITLE	1			TITLE			L	Change Addition
NAME	/1			NAME				
STREET ANDRESS	: / /		E 3	CTOCK	r Annaces			

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)(k). Florida Statutes I further certify that the information inflicated on this annual report to supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each that I am fin officer or director of the cordination or the receiver or trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 13 dentanged, or disconnective with an address.

6.4 CITY - ST. ZiP

SIGNATURE: &

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

1/04/96 (305) 895-3557

- ) HAARIAAN NOO JERON AARIN AARIN AARIN AARIN NAARA ARINI ARINI ARINI ARINI ARINI ARINI ARINI ARINI ARINI RAAR