SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600082095 (6)

ART-ART S.A., INC.

C/D ENRIQUE ARROYO

FILED Aug 11 1997 8:00am Secretary of State



Principal Plan	e of Business	Mailing Address			FFA DUIDI 10140 11411 78FAD 18101 8141 1881	
			POLII EVAPO			
SUITE 201	•	- 1800 WEST EAU GALLIE - SUITE 201	DUUSVAKU			
MELBOURNE FL 92935		- MELBOURNE FL 32036			DO NOT WRITE IN THIS SPACE	
				 Date Incorporated or Qualified 10/02/1996 	3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 1928 S. Patrick Drive		26 1928 S. Patrick Drive		59-3406911		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Indian Harb, Bch., FL		City & State 28 Indian Harb, Sch, FL		Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	B. This corporation owes or has pa		
24 3293			30 USA	Personal Properly Tax due June		
40	9, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
Annoto, Enniant						
1600 WEST EAU GALLIE BOULEVARD 82 Street Add SUITE 201-				Address (P.O. Box Number is Not Acceptab	ile)	
MELBOURNE FL 82995 83				285, tatricie U		
1712	COODINE I C 02903					
			84 City	1: Harland Boss	/ El 85 Zip Code 20	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the above-name	ian Harbour Beac	urpose of changing its registered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	of Florida. Such change was a	uthorized by the co	corporation submits this statement for the proporation's board of directors. I hereby accept	of the appointment as registered	
•	m lamiliar with, and accept the obliga-	lions of, Section 607.0505, Fig	nda Statutes.	•		
SIGNATURE	Signature, typed or printed name of registered agen	and trie if applicable (NOTE	: Registered Agent signatur	e required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.4 TITLE		☐ Change ☐ Addition	
NAME	RICARDO ANTONIO SAENZ RA		1.2 NAME	0.1.34.70.00	;	
\$TREET ADDRESS	-1600 WEST EAU GALLIE BOU	LEVARD, SUITE 201	1.3 STREET ADDRESS	1928 S. Patrick Drive		
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY - ST - ZIP	Indian Harbour Bead	h, I-L 32937	
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition	
NAME	ALEJANDRO SAENZ RAMIREZ		2.2 NAME			
STREET ADDRESS	4600 WEST EAU GALLIE BOU	LEVARD, SUITE 201	2.3 STREET ADDRESS	1928 S. Patrick Drive	\	
CITY-ST-ZIP	MELBOURNE FL 32935		2. 4 CITY-ST-2IP	Indian Harbour Beach	, FL 32937	
TATLE	D ANDA MADIOCI A CACME DAN	DELETË	3.1 TITLE	'	Change Addition	
NAME	LAURA MARISELA SAENZ RAN		3.2 NAME	1928 S. Patrick Drive	1	
STREET ADDRESS	1600 WEST EAU GALLIE BOU	LEVARU, SUITE 201-	3.3 STREET ADDRESS	T don Harman A	E(3:22=	
CITY-ST-ZIP	MELBOURNE FL 32935	DELETE	3.4. CITY - ST - ZIP	Indian Harbour Bead		
TITLE		C'1 netere	4.1 TITLE		Change Addition	
NAME CTOSST ADDOSSOS			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S1-ZIP 5.1 TITLE		Change Addition	
NAME		otter	5.2 NAME		El Anguillo	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		<u> </u>	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CiTY-ST-ZiP			
	by certify that the information supplied	with this filing does not qualify		1 stated in Section 119.07(3)(i), Florida Statutes	s. I further certify that the	

16. To one posting that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), 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 chapted, or or an attachment with an address.

ALETHADRO SHE W.7.