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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P9700005402 (7)

ART INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3391 RONITO LANE

3391 RONITO LANE

FILED May 22 1998 8:00am Secretary of State



MARGATE FL 33063		MARGATE FL 33063		DO NOT WRIT	E IN THIS S	SPACE		
					3. Date Incorporated or Qualified			
					01/17/1997			
2. Principal Pla		2a, Mailing Address	·· —— · · · · · · · · · · · · · · ·		4. FEI Number			pplied For
21 339 1	Bonito Lane	26 334	<u></u> ,					ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State Marq	ate, FL	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee			
Zip 3306	3 25 USA	29 30		· · · · · · · · · · · · · · · · · · ·			itangible No	
	9. Name and Address of Curre	nt Registered Agent		 -	10. Name and Address of New R	legistered i	Agent	
TO), R AYMOND		81	Name				
3391 BONITO LANE				82 Street Address (P.O. Box Number is Not Acceptable)				
M/	ARGATE FL 33063			ļ <u> </u>	· · · · · · · · · · · · · · · · · · ·			
			83					
			84	City		F 1	85 Zip	Code
44 - D years and to	The control of Control of Control	no and core troo Classes Can	lon the et = :	L	execution cultimite this statement for the	FL	<u> </u>	ita ragiatara
office or reg agent. Lan	orthe provisions or sections buy disc gistered agent, or both, in the Stato infamiliar with, and accept the oblig	n2 and 607 1508, r landa Siald r of Florida. Such change was paliens of, Section 607,0505, F	authorized by Torida Statute	the corpor :	proprietion submits this statement for the ration's board of directors. I heroby according to the control of th	ept the app	ointment as	s registered
SIGNATURE :	ikj natu re itypester penisskip ment inkretinestarj					DATE		· .
12.	<u> </u>	ID DIRECTORS	13.	ent signature rec	ADDITIONS/CHANGES TO OFF	····	DIRECTO	BS IN 12
TITLE	PS	DELETE	1.1 1011	- ·T	ABBITTONORS INTO ED TO OFF	TOLING MILE	Change	Addition
NAME	TO, RAYMOND		1.2 NAME					-
STREET ADDRESS	3391 BONITO LANE		13 STREET	ADDRESS				
CITY-ST-ZIP	MARGATE FL 33063		1.4 O(TY - S					
TITLE	V	☐ DELETE	2 1 1HTLF		<u> </u>		Change	Addition
NAME	LEAN, ANA		2.2 NAME	[
STREET ADDRESS	3391 BONITO LANE		2 3 STREET	ADDRESS				
CITY-S1-ZIP	MARGATE FL 33063		2 4 CHY-	ST - ZIP				
TITLE		DELE TE	3 1 TITLE				☐ Change	Addition
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-S1-ZIP			34 CITY-	ST - 71P	<u> </u>			
TITLE	· -	DELETE	4.1 TII1 F				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CHY-ST-ZIP			4.4 City - S	1-7IP	,			
TITLE		DELETE	5.1 TABLE				☐ Change	Addition
NAME			5 2 NAME		•			クン
STREET ADDRESS			5 3 STREET	ADDRESS				600
CITY-ST-ZIP			5.4 CHTY - S	T - 2(P				<u>0.99</u>
TITLE		DELETE	6 । उत्तर		المرابعة والمال	~~s and and en	Change	L Addition
NAME			6.2 NAME		800002 53	መኖተ ቀተ ሀ	JÜ O	
STREET ADDRESS			6.3 STREFT	ADDRESS	-05/26/98010 ***150.00	N) (~~-I)4	ಶ	
CHTY-ST-ZIP			64 CHY-S	T-74P	***15U.UU			

14. Thereby certify that the information supplied with this liling 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 suppliemental 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 conjunction or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an alternative with an address.

(am) 9709402