


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	
<b>DOCUMENT # P97000014720 (1)</b> 1. Corporation Name <b>ARTPAGE, INC.</b>			
Principal Place of Business <b>2550 N.W. 72ND AVE., SUITE 307 MIAMI FL 33122</b>		Mailing Address <b>2550 N.W. 72ND AVE., SUITE 307 MIAMI FL 33122</b>	
<b>2. Principal Place of Business</b> 21 <b>2550 NW 72 AVE</b> Suite, Apt. #, etc 22 <b>307</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33122</b> Country 25 <b>USA</b>		<b>2a. Mailing Address</b> 26 <b>2333 BRICKELL AVE.</b> Suite, Apt. #, etc 27 <b>2004</b> City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33129</b> Country 30 <b>USA</b>	
<b>3. Date Incorporated or Qualified</b> <b>02/14/1997</b>		<b>4. FEI Number</b> <b>592342387</b> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>10. Name and Address of New Registered Agent</b>	
<b>9. Name and Address of Current Registered Agent</b> <b>JOSEPH, GLORIA ROA 2100 PONCE DE LEON BLVD., SUITE 9200 CORAL GABLES FL 33134</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	<b>FERY, MARINA</b>		
STREET ADDRESS	<b>2333 BRICKELL AVE., SUITE 2002</b>		
CITY-ST-ZIP	<b>MIAMI FL 33129</b>		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	<b>FERY, GEORGE</b>		
STREET ADDRESS	<b>2333 BRICKELL AVE., SUITE 2002</b>		
CITY-ST-ZIP	<b>MIAMI FL 33129</b>		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	<b>FERY, PATRICIA</b>		
STREET ADDRESS	<b>2333 BRICKELL AVE., SUITE 2002</b>		
CITY-ST-ZIP	<b>MIAMI FL 33129</b>		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	<b>FERY, KARNE</b>		
STREET ADDRESS	<b>2333 BRICKELL AVE., SUITE 2002</b>		
CITY-ST-ZIP	<b>MIAMI FL 33129</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

SIGNATURE:

MARINA FERY

216 988 305.285.0956

CR2E034 (10/97)