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Apr 08 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 # P97000020494 (5)  
1. Corporation Name  
DETAILS ARTWORKS INC.

Principal Place of Business Mailing Address  
10904 SW 146TH CT 10904 SW 146TH CT  
MIAMI FL 33186 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 14629 SW 104 <sup>th</sup>		02/28/1997	
22 City & State		27 108		4. FEI Number	
23 Zip		28 MIAMI FL		65-0734650	
24 Country		29 33186		Applied For	
		30 USA		Not Applicable	

9. Name and Address of Current Registered Agent

MARTINEZ, GLADYS  
3530 MISTIC POINT DR  
TOWER 500 #2105  
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name SOFIA CHIMARAS  
82 Street Address (P.O. Box Number is Not Acceptable)  
14629 SW 104<sup>th</sup> # 108  
83  
84 City MIAMI FL 85 Zip Code 33186

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0605, Florida Statutes.

SIGNATURE *Sofia Chimaras* SOFIA CHIMARAS 3-31-98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, GLADYS	1.2 NAME	
STREET ADDRESS	3530 MISTIC PT DR TR 500 #2105	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE NUNEZ, SOFIA C	2.2 NAME	
STREET ADDRESS	10904 SW 146 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ROBERTO	3.2 NAME	
STREET ADDRESS	4899 N FEDERAL HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 its 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.

SIGNATURE: *Sofia Chimaras* SOFIA CHIMARAS 3-31-98 (305)903-8597

CR2E034 (10/97)