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

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 11 1998 8:00am Secretary of State

P97000066239 (9) DOCUMENT # ART MAKERS, INC. Principal Place of Business Mailing Address 8249 NW 36TH STREET #107 8249 NW 36TH STREET #107 **MIAMI FL 33166** MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 65-078433 I 26 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year intangible Yes 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **NEVOT, NIRIA** Name **4240 WEST 1ST AVENUE B2** Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 83 City 85 Zip Code 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CRZE034 (10/97 DELETE TITLE 1.1 TITLE Change Addition ARIAS, GUILLERMO 12 NAME 1530 JEFFERSON AVENUE #31 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME **NEGRET. OSCAR** 2.2 NAME 8901 SW 142 AVENUE #23 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ■ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP TITLE DELETE 6.1 TITLE Change 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 indicated on this annual report or supplied.

This filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information innual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an error trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed of

SIGNATURE:

Guillermo Arias (305)463-9373