

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000070741 (8)
1. Corporation Name

ELECTRO ARTZS, INC.

Principal Place of Business

6911 MAIN STREET #215
MIAMI LAKES FL 33014

Mailing Address

6911 MAIN STREET #215
MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 195 SW 15TH RD	26 195 SW 15TH RD
22 Suite, Apt. #, etc. 304	27 Suite, Apt. #, etc. 304
23 City & State MIAMI FL	28 City & State MIAMI FL
24 Zip 33129 25 Country USA	29 Zip 33129 30 Country USA

3. Date Incorporated or Qualified

08/15/1997

4. FEI Number

65-0777277

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ABEL, THERESA
6911 MAIN STREET #215
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, THERESA	1.2 NAME	
STREET ADDRESS	6911 MAIN STREET #215	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

000002620440

-08/20/98--01006--001

***150.00

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 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 changed, or on an attachment with an address.

SIGNATURE: X Theresa Abel THERESA ABEL 8-4-98 (305) 856-2626

CR2E034 (5/98)

Electro Artzs, Inc.
195 S.W. 15th Rd.
Suite 304
Miami, FL. 33129

Pg 2

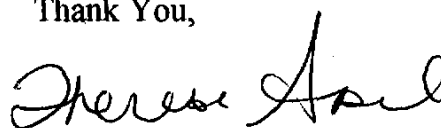
Florida Dept. Of State
Division Of Corporations
PO Box 1500
Tallahassee, FL. 32302-1500

August 4, 1998

To Whom It May Concern;

I recently received Document # P97000070741 (8), SECOND NOTICE, which requests that I submit \$550.00 with my Profit Corporation Annual Report. I never received the first notice. This may be due to the fact that I moved my place of business from 6911 Main St. in Miami Lakes, to 195 S.W. 15th Rd. in Miami. I know that I should be aware of when I need to file certain important papers, but being that I work alone and have no one to help me with secretarial tasks, I need to be notified of filing dates. I am enclosing a check for \$150.00, the on-time filing fee because I did not receive the first notice, and because I simply do not have the additional \$400.00 late filing fee. Your understanding in this matter is greatly appreciated.

Thank You,



Theresa Abel