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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

OCUMENT # \$786	607 (6)			
ARTEJUCORP.			\$ 10 3 (10)	ELE JORES BIRIN RIDEL BIREL BIRIS BIRIL BARA
	Mailine Address			
ncipal Place of Business	Mailing Address	DEEN COOR		
% gables on the green Corp. 2307 Douglas Road Suite #300 Miami Fl 33145	% GABLES ON THE GI 2307 DOUGLAS ROAD MIAMI FL 33145		Date Incorporated or Qualified	
Principal Place of Business	2a. Mailing Address		09/09/1991 4, FEI Number	05/01/1995 Applied For
1424 N.W. 82 AU		1. W. 82 AU.	65-0295231	Not Applicab
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 61	5. Certificate of Status Desired	\$8.75 Additional Fee Required
MIAMI - FL City 8 State	City & State		6. Election Campaign Financing	\$5.00 May Be
Sky d Okaio	28		Trust Fund Contribution	Added to Fees
Zip Country	7ip 33/26	Country S A	8. This corporation has liability fo	
9 Name and Address of Cu	[29]	30]	10. Name and Address of New	
		81 Name		
NUNEZ, ALEJANDRO ESQ.		82 Street Addi	ress (P.O. Box Number is Not Accepta	able)
2307 DOUGLAS RD		83		
SUITE 301		63		
MIAMI FL 33145		84 City		FI 85 Zip Code
Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the above-named corpo	ration submits this statement for the p	ourpose of changing its registered of
		ad his the econoration's had	and of directors. Uhareby accept the ac	ppointment as registered agent. I am
or registered agent, or both, in the State of I	Florida. Such change was authorizi Section 607 0505. Florida Statutes	ed by the corporation's boa.	and of a rectal of the case, and a series of	
CALATUEE		ed by the corporation's boa		
GNATURE Signature typed or printed name of registered	agent and title if applicat.¥c (NC	TE: Rogistered Agent signature requin	ed when renstating)	DATE
GNATURE Signature typed or printed name of registered OFFICERS	agent and title if applicable (NC AND DIRECTORS	TE: Registered Agent signature require	ed when renstating)	CATE FFICERS AND DIRECTORS IN 12
GNATURE Styriet, inc. typied or printed name of registered. OFFICE RS	agont and this if applicable (NO S AND DIRECTORS DELETE	TE: Rogistered Agent signature requin	ed when renstating)	DATE FFICERS AND DIRECTORS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Dayling Priors