

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED 30 OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUN 30 AM 9: 39**

**DOCUMENT # H25992 (9)**

1. Corporation Name  
**THIN AIR CANVAS, INC.**

Principal Place of Business Mailing Address  
**% DEBBIE RUSDEN  
1700 SW 23RD TERRACE  
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/18/1984</b>	3a. Date of Last Report <b>06/21/1994</b>
4. FEI Number <b>50-2452849</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under s. 190.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suto, Apt. #, etc 22 City & State 23 Country 24 Zip	2a. Mailing Address 26 Suto, Apt. #, etc 27 City & State 28 Country 29 Zip
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9. Name and Address of Current Registered Agent <b>RUSDEN, DEBBIE 1700 SW 23RD TERRACE MIAMI FL 33145</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	NAME <b>RUSDEN, DEBBIE</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1700 SW 23RD TERRACE</b>	CITY, ST, ZIP <b>MIAMI FL</b>	12 NAME	
		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
TITLE <b>VP</b>	NAME <b>PHILLIPS, DANIEL W.</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1700 S.W. 23RD TERR.</b>	CITY, ST, ZIP <b>MIAMI FL</b>	22 NAME	
		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
TITLE <b>AVP</b>	NAME <b>CRESPO, ALAN E.</b>	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4475 S.W. 13TH ST.</b>	CITY, ST, ZIP <b>MIAMI FL</b>	32 NAME	
		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
		<b>* DELETE: ALAN E. CRESPO</b>	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	62 NAME	
		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 circulate 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: Debbie Rusden / DEB RUSDEN 4/26/95 305.844.1044  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)