

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
SANDY B. McBRIDE
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 24 PM 1:35

DOCUMENT # P94000052816 (3)

1. Corporation Name

ARTOPIA CREATIVE SOURCE, INC.

Principal Place of Business

**12737 SW 69 TERRACE
MIAMI FL 33183**

Mailing Address

**12737 SW 69 TERRACE
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/13/1994

3a. Date of Last Report

4. FEI Number

EIN65-0536178

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes: Yes No

2. Principal Place of Business

21 12737 S.W. 69 Terrace

Suite, Apt. #, etc.

22 Miami, FL

City & State

23 Miami, FL

Zip

24 33183

Country

25 USA

2a. Mailing Address

26 12737 S.W. 69 Terrace

Suite, Apt. #, etc.

27 Miami, FL

City & State

28 Miami, FL

Zip

29 33183

Country

30 USA

9. Name and Address of Current Registered Agent

**PALACIOS, RAY
12737 SW 69 TERRACE
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name

PALACIOS, NATASA

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

12737 S.W. 69 Terrace

83

84 City

Miami

FL

85 Zip Code
33183

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Natasa Palacios

Natasa Palacios

3-7-95

Signature, typed or printed name of registered agent, to be filled in registrant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **PALACIOS, RAY**
STREET ADDRESS **12737 SW 69 TERRACE**
CITY - ST - ZIP **MIAMI FL 33183**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE **V/T/S** Change Addition
1.2 NAME **PALACIOS, NATASA**
1.3 STREET ADDRESS **12737 SW. 69 Terrace**
1.4 CITY - ST - ZIP **MIAMI FL 33183**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

Ray Palacios

RAY PALACIOS

3-7-95

(205) 380-9159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (TPES)

Date

Telephone No.