

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 26 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000068183 (7)  
 1. Corporation Name  
 ANCIENT MOSAIC STUDIOS, INC.



Principal Place of Business Mailing Address  
 640 NW 129 STREET ← INCORRECT → NORTH MIAMI FL 33168  
 640 NW 129 STREET NORTH MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/05/1997  
 4. FEI Number 65-0785228 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

2. Principal Place of Business 2a. Mailing Address  
 21 14650 N.W. 24TH CT 26 14650 N.W. 24TH CT.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 23 OPA-LOKICA, FL. 28 OPA-LOKICA, FL  
 City & State City & State  
 24 33154 25 DADC 29 33014 30 DADC  
 Zip Country Zip Country

9. Name and Address of Current Registered Agent  
 HOROWITZ, STUART A  
 640 NW 129 STREET  
 NORTH MIAMI FL 33168

10. Name and Address of New Registered Agent  
 81 Name STUART A. HOROWITZ  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 20 PARK DR. #4  
 84 City BAL HARBOUR FL 85 Zip Code 33154

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART A. HOROWITZ	1.2 NAME	
STREET ADDRESS	14650 N.W. 24TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOKICA, 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	300002625759
STREET ADDRESS		5.3 STREET ADDRESS	-08/26/98--01083--020
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
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	

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: \_\_\_\_\_ 7/26/98 (301) 769-1212

CR2E034 (5/98)

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ANCIENT MOSAICS STUDIO, INC  
14650 N.W. 24<sup>TH</sup> COURT  
OPA-LOCKA, FLORIDA 33054  
305 769-1212 FAX: 305 769-1369

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8-2-98

To whom it may concern,

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Our attorney used our old business

mailing address when he incorporated our  
business. (We didn't receive our 1998

Annual Report packet until recently. Please

excuse us for our late filing. Our new

address is noted on the filing form.

THANK YOU