

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **638897** (9)

1. Corporation Name

TRI-ARTS STUDIO, INC.



Principal Place of Business

**5732 MAIN STREET
NEW PORT RICHEY FL 34652**

Mailing Address

**5732 MAIN STREET
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**RAMIREZ, VICTOR M.
5732 MAIN STREET
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified 10/08/1979	3a. Date of Last Report 03/27/1995
4. FEI Number 59-2176120	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
10. Name and Address of New Registered Agent	

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	☐ Change ☐ Addition
2. NAME	RAMIREZ, VICTOR M.	2. NAME	
3. STREET ADDRESS	5523 DRINKARD DRIVE	3. STREET ADDRESS	
4. CITY-STATE-ZIP	NEW PT RICHEY FL	4. CITY-STATE-ZIP	
5. TITLE	STD	5. TITLE	☐ Change ☐ Addition
6. NAME	RAMIREZ, ROSALIA A.	6. NAME	
7. STREET ADDRESS	5523 DRINKARD DRIVE	7. STREET ADDRESS	
8. CITY-STATE-ZIP	NEW PT RICHEY FL	8. CITY-STATE-ZIP	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-STATE-ZIP		12. CITY-STATE-ZIP	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY-STATE-ZIP		16. CITY-STATE-ZIP	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY-STATE-ZIP		20. CITY-STATE-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 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this common 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 registered agent 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:

Rosalia A. Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 813-849-9157

CR2E034 (12/95)