

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004410 (4)

1. Corporation Name
ARTSTOP CORPORATION



Principal Place of Business
10720 BEXLEY BLVD
BOCA RATON FL 33428

Mailing Address
10720 BEXLEY BLVD
BOCA RATON FL 33428-1213

| | |
|--|---|
| 3. Date Incorporated or Qualified 08/27/1996 | 3a. Date of Last Report |
| 4. FEI Number APPLIED FOR | 65-0697691 Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1324 VERA CRUZ LANE Suite, Apt. #, etc. | 26 SAME Suite, Apt. #, etc. |
| 22 City & State WESTON, FLORIDA | 27 City & State |
| 23 Zip 33326 | 28 Country Brazil |
| 24 Country Brazil | 30 Country |

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name
Jorge Sans

82 Street Address (P.O. Box Number is Not Acceptable)
1324 Vera Cruz Lane

83

84 City
Ft Lauderdale FL 85 Zip Code
33327

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: Jorge Sans
Signature, typed or printed name of registered agent and title if applicable (NOTE: This is a required agent signature required when reinstating)

DATE: 1-9-97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PCS | <input checked="" type="checkbox"/> DELETE |
| NAME | HAUSMANN, DAVID | |
| STREET ADDRESS | 10720 BEXLEY BLVD | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | |
| TITLE | VTVC | <input type="checkbox"/> DELETE |
| NAME | SANS, JORGE | |
| STREET ADDRESS | 1324 VERA CRUZ LANE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33327 | |
| TITLE | PCS | <input type="checkbox"/> DELETE |
| NAME | CARMEN GLORIA SANS | |
| STREET ADDRESS | 1324 VERA CRUZ LANE | |
| CITY-ST-ZIP | Ft Lauderdale FL. 33327 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Carmen Gloria Sans* 01-09-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)