FILE NOW: FILING FEE AFTER MAY 1 IS \$2.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN- STATE Sandra B. Morti Secretary of St DIVISION OF CORPCTIONS

1996

2. Principal Place of Business

P9300000678 (1) DOCUMENT #

1. Corporation Name

Sorporone						
ARTISTIC	UPHOL	STERY	OF	MIAMI	INC.	

Principal Place of Business	Mailing Address	
630 SW 109 AVE. MIAMI FL 33174	630 SW 109 AVE. MIAMI FL 33174	Date Incorporated or Qualified
		01/06/1993

2a. Mailing Address

Suite. Apt. #, etc

|--|

65-0376977

5. Certificate of Status Desired

3a. Date of Last Report

05/01/1995

Applied For Not Applicable

\$8.75 Additional

Fee Required

Suite, Apt. #, €		Suite, Apt. #, etc		1	5. Certinicate of States Botton	
City 9 State	stc.	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Oity & State		28			the state of the stability for intang	gible tax under s. 199.032.
7.0	Country	Zip	Cetry			
Zip I		29	30		10. Name and Address of New Regis	tered Agent
	9. Name and Address of Current R	egistered Agent			TO. Mario	
	5, 11			Name	table)	
			B2	Street Addre	ss (P.O. Box Number is Not Acceptable)	
GUERREF	RO, JULIO C					
630 SW 1	109 AVE.		83			85 Zip Code
MIAMI FL	33174		==+	City		
			,84		Les the purpos	the registered office
	007.0500	ad 607 1508, Florida Statu	tes, the above r	named corpor	ation submits this statement for the purpor	ment as registered agent. I am
11. Pursuant to	the provisions of Sections 607.0502 and appending both, in the State of Florida.	Such change was author.	zed by the orp	oration's boor	ation submits this statement for the purpos of of directors. Thereby accept the appoint	
familiar with	d agent, or both, in the State of Florida , and accept the obligations of, Section	(607.0505, Florida Statule	3			DATE
			ETE Bag condition	of Signature respons	ADDITIONS CHANGES TO OFFICE	FRS AND DIRECTORS IN 12
9	lignature typed or printed name of mystem traject and OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
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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 of 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. If on an attachment with an address.

MINTED NAME OF SIGNING OFFICER OR DIRECTOR