

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUL -5 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000678 (1)

1. Corporation Name

ARTISTIC UPHOLSTERY OF MIAMI, INC.

Mailing Address  
516 S.W. 109TH AVE.  
MIAMI FL 33174

Principal Place of Business  
516 S.W. 109TH AVE.  
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1993

3a. Date of Last Report

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address

21 4265 SW 75TH AVE

2a. Principal Place of Business

26 4265 SW 75TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

24 Zip 33155

25 Country

29 Zip 33155

30 Country

4. FEI Number

65-0396997

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

6. Election Campaign  
Financing Trust  
Fund Contribution ☐

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

GUERRERO JULIO C  
516 S.W. 109TH AVE.  
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

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

83 4265 SW 75TH AVE

84 City

MIAMI

FL

85 Zip Code

33155

Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE P/D  
1.2 NAME GUERRERO JULIO C  
1.3 STREET ADDRESS 4291 S.W. 137TH CT.  
1.4 CITY-ST-ZIP MIAMI FL 33175

2.1 TITLE S/T/D  
2.2 NAME GUERRERO SONIA C  
2.3 STREET ADDRESS 4291 S.W. 137TH CT.  
2.4 CITY-ST-ZIP MIAMI FL 33175

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME 200006311742--6  
1.3 STREET ADDRESS -07/10/02--01031--011  
1.4 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

2.1 TITLE  
2.2 NAME 200006311742--6  
2.3 STREET ADDRESS -07/10/02--01031--012  
2.4 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

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

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

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

6.1 TITLE  
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 119.07(3)(k), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Julio C. GUERRERO

4/30/02

305-360-4500