FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1994**

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

APPROVED AND FILED

94 AUG 11 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
ARTISTIC - CREATION & GIFT, INC.

DOCUMENT # P93000014368 (3)

Mailing Address
~~SOUTHCHASE VILLAGE SHOPPING CENTER~~
~~12425 S. ORANGE BLOSSOM TRAIL, SPACE 27~~
~~ORLANDO FL 32821~~

Principal Place of Business
~~SOUTHCHASE VILLAGE SHOPPING CENTER~~
~~12425 S. ORANGE BLOSSOM TRAIL, SPACE 27~~
~~ORLANDO FL 32821~~

If above addresses are incorrect, enter new and through correct information and enter corrected below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1993
3a. Date of Last Report:

21 Mailing Address: 126 W. Vine Street
22 Suite, Apt. #, etc:
23 City & State: Kissimmee, Florida
24 Zip: 34741
25 Country: USA

26 Principal Place of Business: 126 W. Vine Street
27 Suite, Apt. #, etc:
28 City & State: Kissimmee, Florida
29 Zip: 34741
30 Country: USA

4. FEI Number: 59-3169831 — 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

MACRI ALDO
2125 TRIUNFO CR.
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Macri, Aldo
82 Street Address (P.O. Box Number is Not Acceptable):
83: 2125 Triunfo Circle
84 City: Kissimmee FL 85 Zip Code: 34744

11. 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: Aldo Macri — (Registered Agent Accepting Appointment) DATE: (Registered Agent signature required when completed)

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	MACRI ALDO
13 STREET ADDRESS	2125 TRIUNFO CR.
14 CITY, ST, ZIP	KISSIMMEE FL 34744
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTS
12 NAME	Aldo Macri
13 STREET ADDRESS	2125 Triunfo Circle
14 CITY, ST, ZIP	Kissimmee, Florida 34744
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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)(ee), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(ee) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the manager or member empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears on Block 11 or Block 12 if changed, or on an attached amendment, or on an attached list.

SIGNATURE: Aldo Macri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: ✓

(407) 935-0463
Daytime Phone #