

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000056967 (0)

1. Corporation Name

ARTISTIC HOME & COMMERCIAL INTERIORS, CORP.

Principal Place of Business

51 N.W. 128TH ST.
MIAMI FL 33168

Mailing Address

51 N.W. 128TH ST.
MIAMI FL 33168-4650

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

GONZALEZ, MARIA T
51 N.W. 128TH ST.
MIAMI FL 33168

81 Name

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

83

84 City

FL 85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.1		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1.F	NAME	D GONZALEZ, MARIA T		1.1	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	51 N.W. 128TH ST. MIAMI FL 33168		1.2	1.2 NAME		
11.1.F	NAME			1.3	1.3 STREET ADDRESS		
STREET ADDRESS	CITY, ST, ZIP			1.4	1.4 CITY-ST-ZIP		
11.1.F	NAME			2.1	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP			2.2	2.2 NAME		
11.1.F	NAME			2.3	2.3 STREET ADDRESS		
STREET ADDRESS	CITY, ST, ZIP			2.4	2.4 CITY-ST-ZIP		
TITLE	NAME			3.1	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP			3.2	3.2 NAME		
TITLE	NAME			3.3	3.3 STREET ADDRESS		
STREET ADDRESS	CITY, ST, ZIP			3.4	3.4 CITY-ST-ZIP		
TITLE	NAME			4.1	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP			4.2	4.2 NAME		
TITLE	NAME			4.3	4.3 STREET ADDRESS		
STREET ADDRESS	CITY, ST, ZIP			4.4	4.4 CITY-ST-ZIP		
TITLE	NAME			5.1	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP			5.2	5.2 NAME		
TITLE	NAME			5.3	5.3 STREET ADDRESS		
STREET ADDRESS	CITY, ST, ZIP			5.4	5.4 CITY-ST-ZIP		
TITLE	NAME			6.1	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP			6.2	6.2 NAME		
TITLE	NAME			6.3	6.3 STREET ADDRESS		
STREET ADDRESS	CITY, ST, ZIP			6.4	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:

Sandra B. Martham 4-21-97 687-4144
Signature and Typed or Printed Name of Signing Officer or Director
Daytime Phone #

CF2E034 (9/96)