FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000084031 (1)

1. Corporation Name

ARTISUN DESIGNS, INC.

Principal Place of Business
1630 SW 1 AVE
UNIT 6A
MIAMI FL 33129

Mailing Address
1630 SW 1 AVE
UNIT 6A
MIAMI FL 33129

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1762 Sw 131 PLACE Cir. S.
Suite, Apt. #, etc
22
City & State
23 Miami, FL
Zip 24 33175 Country 25 US

2a. Mailing Address
26 1762 Sw 131 Place Cir. S.
Suite, Apt. #, etc
27
City & State
28 Miami, FL
Zip 29 33175 Country 30 US

4. FEI Number: 65-0549399 ☐ 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

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

9. Name and Address of Current Registered Agent

EDUARDO LEON
8410 SW 21 ST
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: Eduardo Leon
82 Street Address (P.O. Box Number is Not Acceptable): 1762 Sw 131 Place Cir. South
83
84 City: Miami FL 85 Zip Code: 33175

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: Eduardo Leon 4/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LEON, EDUARDO	
STREET ADDRESS	1630 SW 1 AVE UNIT 6A	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VP	☐ DELETE
NAME	CASTANO, ANNA MARIA	
STREET ADDRESS	1630 SW AVE UNIT 6A	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Leon, Eduardo	
1.3 STREET ADDRESS	1762 Sw 131 Place Circle South	
1.4 CITY-ST-ZIP	Miami FL 33175	
2.1 TITLE	Vice President	☒ Change ☐ Addition
2.2 NAME	Castano, Anna Maria	
2.3 STREET ADDRESS	1762 Sw 131 Place Circle South	
2.4 CITY-ST-ZIP	Miami FL 33175	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eduardo Leon 4/16/96 (305)220-4531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)