

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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96 NOV -6 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
~~1995~~ 1996



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

DOCUMENT # P94000085573
1. Corporation Name

ARTISTIC DESIGN OF INDIA, INC.

Principal Place of Business Mailing Address
**2700 S.W. 137th Avenue
Miami, Florida 33175**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **2700 S.W. 137th Avenue** 26 **2700 S.W. 137th Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Miami, Florida** 28 **Miami, Florida**
Zip Country Zip Country
24 **33175** 25 **U.S.A.** 29 **33175** 30 **U.S.A.**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/23/94 **08/16/95**
4. FEI Number Applied For
65-0537087 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
**LEONARDO DA SILVA
2700 S.W. 137th Avenue
Miami, Florida 33175**

10. Name and Address of New Registered Agent
81 Name **FERNANDO BASTIDA**
82 Street Address (P.O. Box Number is Not Acceptable)
2700 S.W. 137th Avenue
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 *F. Bastida* **Fernando Bastida, President** 08/12/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **P/S/T/D** Change Addition
1.2 NAME **FERNANDO BASTIDAS**
1.3 STREET ADDRESS **2700 S.W. 137th Avenue**
1.4 CITY-ST-ZIP **Miami, Florida 33175**
2.1 TITLE **900002001819-3** Change Addition
2.2 NAME **-11/12/96--01024--020**
2.3 STREET ADDRESS ******225.00 ****225.00**
2.4 CITY-ST-ZIP
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: *F. Bastida* **Fernando Bastidas, President, Director** 08/12/96
Signature and typed or printed name of signing officer or director Date Daytime Phone #

12/1/96
Received in time