SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000005484 (7)

A WORLD OF ART, INC.

APPROVED AND FILED

1996 AUG 28 PM 3: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



24.	NA 11 A SISSI				
Principal Place of Business	Mailing Address				
3485 NW 167 STREET 3485 NW 167 STREET MIAMI FL 33056 MIAMI FL 33056					
MINIMI FL 33000	,			3. Date Incorporated or Qualified	3a. Date of Last Report
				01/20/1995 A FELNumber	Applied For
Principal Place of Business	2a. Mailing Address	.		4. FEI Number 65-0568607	Not Applicable
Suite, Apt #. etc	26	D.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State			6. Election Campaign Financing	\$5.00 May Be
City & State	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Cou	ntry	8. This corporation has liability for	
25	29	30		Florida Statutes	Yes No
9. Name and Address of C	Current Registered Agent		Del Maria	10. Name and Address of New Re	gistered Agent
PRENTICE HALL CORPORATION	ON SYSTEM		81 Name		
1201 HAYS STREET SUITE 10			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
TALLAHASEE FL 32301			83		
INDUITABLE TO TOO					Table 1 Control
			84 City		FL 85 Zip Code
12. OFFICE	RS AND DIRECTORS	13.	ILE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
12. OFFICE				ADDITIONS/CHANGES TO OFFI	
100000000	UEU	ILE TO THE	iller		
PRES IDENT		12 M	IAME		
NAME HICHAEZ RAPB	, AY		IAME STREET ADORESS		
NAME HICHAEL RATE STREET ADDRESS HIGH S.W. 1588 W DEHAPONE FUNES H	1AY 54 33617	135	STREET ADDRESS		
NAME HICHAEZ RATIB STREET ADDRESS 1166 S.W. 1588 W CITY ST. 219 PEMBRICKE PINES, F	1AY Fin 33227 0EL	135	STREET ADDRESS		Chang Addition
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further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my significant shart has the information indicated on this annual report or supplemental annual report is true and accurate and triat my significant shart has the information indicated on this annual report or supplemental annual report is true and accurate and triat my significant shart has triat my si

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR