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PROFIT CORPORATION ANNUAL REPORT

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

1996

1. Corporation Name ARTESANIA LA GALAI Principal Place of Business 1401 BRICKELL AVENUE SUITE 500 MIAMI FL 33131	P9500039074 CA/MIAMI, INCORPORATED Mailing Address 1401 BRICKELL SUITE 500 MIAMI FL 33131	AVENUE		
			3. Date Incorporated or Qualified 3a. 05/10/1995	Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1 2210 S.W. 27th Ave Suite, Apt. #, etc.		W. 27th Ave.	65-0592136	Not Applicable
2 Suite, Apr. #, 8:0.	Suite, Apt. #, e	tc.	5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Miami, Florida	28 Miami,	Florida	Trust Fund Contribution	Added to Fees
Zip Count 4 33145 25 U	ry Zip 33145	Country U.S.A.	8. This corporation has liability for intang	
	ess of Current Registered Agent	30 U.S.A.	Fiorida Statutes Yes X 1 10. Name and Address of New Registe	
		81 Name	10. Harrio and Address of New Hegisti	arad Agent
DIEZ, SANTIAGO ESQ. 1401 BRICKELL AVENUE SUITE 500 MIAMI FL 33131		83	dress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sect	ions 607,0502 and 607,1508, Florida S	1 1 - 7		FL 85 Zip Code
or registered agent, or both, in the	State of Florida. Such change was aut	thorized by the corporation's boa	oration submits this statement for the purpose of aird of directors. I bereby accept the appointment	of changing its registered office
,	a State of Florida. Such change was aut ations of, Section 607,0505, Florida Sta	thorized by the corporation's boatutes.	oration submits this statement for the purpose of ard of directors. I hereby accept the appointme	of changing its registered office int as registered agent. I am
SIGNATURE Signature typed or printed name	of registered agent and title if applicable	thorized by the corporation's boat stutes. [NOTE: Registered Agent signature required.]		of changing its registered office int as registered agent. I am
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SIGNATURE Signature typed or printed name 12. (of registered agent and lifte if applicable DEFICERS AND DIRECTORS DELETE	INOTE: Registered Agent signature require 13. 1.1 TITLE	red when renstating: Or	ATE
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NAME OF SIGNING OFFICER OR DIRECTOR

X 4/19/96 (305) 529-001/