

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056411

1. Corporation Name

ARTIOS, INC.

Principal Place of Business

2315 W. LINEBAUGH AV.
TAMPA, FL. 33612

Mailing Address

9729 N. ARMENIA AV.
TAMPA, FL 33612

3. Date Incorporated or Qualified

07/18/95

3a. Date of Last Report

12/95

2. Principal Place of Business

21 2315 W. LINEBAUGH AV.

2a. Mailing Address

26 9729 N. ARMENIA AV.

4. FEI Number

593318235

Applied For

Not Applicable

Suite, Apt. #, etc

N/A

Suite, Apt. #, etc

N/A

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State

23 TAMPA, FLORIDA

City & State

28 TAMPA, FLORIDA

6. Election Campaign Financing

□

\$5.00 May Be

Added to Fees

Zip

Country

USA

Zip

Country

U.S.A

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

X Yes □ No

9. Name and Address of Current Registered Agent

GLORIA M. GUEVARA
9729 N. ARMENIA AVE.
TAMPA, FLORIDA 33612

10. Name and Address of New Registered Agent

81 Name GLORIA M. GUEVARA
82 Street Address (P.O. Box Number is Not Acceptable)
9729 N. ARMENIA AVE.
83
84 City TAMPA. FL 85 Zip Code 33612

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

GLORIA M. GUEVARA, PRESIDENT

GLORIA M. Guevara

6/24/96

Signature typed or printed name of registered agent (if applicable)

Date (If not a corporation, sign and print name of officer or director)

Date

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME GLORIA M. GUEVARA
STREET ADDRESS 9729 N. ARMENIA AVE.
CITY-ST-ZIP TAMPA, FL. 33612

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
14.4 CITY-ST-ZIP

15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
15.4 CITY-ST-ZIP

16.1 TITLE
16.2 NAME
16.3 STREET ADDRESS
16.4 CITY-ST-ZIP

17.1 TITLE
17.2 NAME
17.3 STREET ADDRESS
17.4 CITY-ST-ZIP

18.1 TITLE
18.2 NAME
18.3 STREET ADDRESS
18.4 CITY-ST-ZIP

19.1 TITLE
19.2 NAME
19.3 STREET ADDRESS
19.4 CITY-ST-ZIP

20.1 TITLE
20.2 NAME
20.3 STREET ADDRESS
20.4 CITY-ST-ZIP

21.1 TITLE
21.2 NAME
21.3 STREET ADDRESS
21.4 CITY-ST-ZIP

22.1 TITLE
22.2 NAME
22.3 STREET ADDRESS
22.4 CITY-ST-ZIP

23.1 TITLE
23.2 NAME
23.3 STREET ADDRESS
23.4 CITY-ST-ZIP

24.1 TITLE
24.2 NAME
24.3 STREET ADDRESS
24.4 CITY-ST-ZIP

25.1 TITLE
25.2 NAME
25.3 STREET ADDRESS
25.4 CITY-ST-ZIP

26.1 TITLE
26.2 NAME
26.3 STREET ADDRESS
26.4 CITY-ST-ZIP

27.1 TITLE
27.2 NAME
27.3 STREET ADDRESS
27.4 CITY-ST-ZIP

28.1 TITLE
28.2 NAME
28.3 STREET ADDRESS
28.4 CITY-ST-ZIP

29.1 TITLE
29.2 NAME
29.3 STREET ADDRESS
29.4 CITY-ST-ZIP

30.1 TITLE
30.2 NAME
30.3 STREET ADDRESS
30.4 CITY-ST-ZIP

31.1 TITLE
31.2 NAME
31.3 STREET ADDRESS
31.4 CITY-ST-ZIP

32.1 TITLE
32.2 NAME
32.3 STREET ADDRESS
32.4 CITY-ST-ZIP

33.1 TITLE
33.2 NAME
33.3 STREET ADDRESS
33.4 CITY-ST-ZIP

34.1 TITLE
34.2 NAME
34.3 STREET ADDRESS
34.4 CITY-ST-ZIP

35.1 TITLE
35.2 NAME
35.3 STREET ADDRESS
35.4 CITY-ST-ZIP

36.1 TITLE
36.2 NAME
36.3 STREET ADDRESS
36.4 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)(x), 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 13, if changed, or on an attachment with an address.

SIGNATURE

GLORIA M. GUEVARA, PRES.

6/24/96

813-879-1544

Signature and typed or printed name of signing officer or director

Date

Telephone Number

CR2E034 (12/95)