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 # P95000074858 (8)

1. Corporation Name
KELLY'S ARTS & CRAFTS, INC.

Principal Place of Business	Mailing Address
2701 LE JEUNE ROAD SUITE 345 CORAL GABLES FL 33134	2701 LE JEUNE ROAD SUITE 345 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 09/28/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7249 SW 48th St.	26 7249 SW. 48th St.
Suite, Apt. #, etc. 22 Miami, FL.	Suite, Apt. #, etc. 27
City & State 23 33155	City & State 28 MIAMI, FL.
Zip 24 Country 25 USA.	Zip 29 33155 Country 30 USA.

4. FEI Number: 65-0615614 ☐ 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

OLIVEIRA, CRISTINA D
2701 LE JEUNE ROAD SUITE 345
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MEDIAN, MIGUEL A		1.2 NAME	MEDINA, MIGUEL A.	
STREET ADDRESS	2701 LE JEUNE ROAD SUITE 345		1.3 STREET ADDRESS	448 NE 210 Circle Terrace	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	North Miami Beach, FL. 33179	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	ASORY, FABIANA A		2.2 NAME	ASOREY de MEDINA, FABIANA	
STREET ADDRESS	2701 LE JEUNE ROAD SUITE 345		2.3 STREET ADDRESS	448 NE 210 Circle Terrace	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	North Miami Beach, FL. 33179	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: [signature] FABIANA ASOREY de MEDINA 04-23-96 (305) 653-7256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)