

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 # P95000080398 (7)

1. Corporation Name

ART MATTERS CORPORATION



Principal Place of Business

3214 RIVIERA DRIVE  
COARL GABLES FL 33134

Mailing Address

3214 RIVIERA DRIVE  
COARL GABLES FL 33134

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

4. FEI Number

65-0621478

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LAUSELL, YVONNE C  
3214 RIVIERA DRIVE  
COARL GABLES FL 33134

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

*[Signature]*  
Signature, typed or printed name of registered agent and state if agent is individual

(NOTE: Registered Agent signature required when changing office)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PSTD                  | <input type="checkbox"/> DELETE |
| NAME           | LAUSELL, YVONNE C     |                                 |
| STREET ADDRESS | 3214 RIVIERA DRIVE    |                                 |
| CITY- ST- ZIP  | COARL GABLES FL 33134 |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |

13.

|                   |   |
|-------------------|---|
| 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 NAME            |   |
| 3 STREET ADDRESS  |   |
| 4 CITY- ST- ZIP   |   |
| 5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 NAME            |   |
| 7 STREET ADDRESS  |   |
| 8 CITY- ST- ZIP   |   |
| 9 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10 NAME           |   |
| 11 STREET ADDRESS |   |
| 12 CITY- ST- ZIP  |   |
| 13 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14 NAME           |   |
| 15 STREET ADDRESS |   |
| 16 CITY- ST- ZIP  |   |
| 17 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18 NAME           |   |
| 19 STREET ADDRESS |   |
| 20 CITY- ST- ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Original Phone #

CR2E034 (12/95)