

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG -6 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000072800 (1)

1. Corporation Name
ARTSPOT CERAMIC, INC.



Principal Place of Business
% RONNY J. HELPERIN, ESQ.
201 S. BISCAYNE BLVD., 1970 MIAMI CENTER
MIAMI FL 33131

Mailing Address
% RONNY J. HELPERIN, ESQ.
201 S. BISCAYNE BLVD., 1970 MIAMI CENTER
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1324 VERA CRUZ LANE 22 Suite, Apt. #, etc. 23 City & State Weston, Florida 24 Zip 33327 25 Country Broward	2a. Mailing Address 26 SAME 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 09/03/1996 3a. Date of Last Report 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
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9. Name and Address of Current Registered Agent HALPERIN, RONNY J 1970 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name JORGE SAUS 82 Street Address (P.O. Box Number is Not Acceptable) 1324 VERA CRUZ LANE 83 84 City FT Lauderdale FL 85 Zip Code 33327
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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 JORGE SAUS
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 07/31/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSMANN, DAVID 201 S. BISCAYNE BLVD. MIAMI FL 33131 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTVC SAUS, JORGE 1324 VERA CRUZ LANE FORT LAUDERDALE FL 33327 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS CARMEN GLORIA SAUS 1324 VERA CRUZ LANE FORT LAUDERDALE FL 33327 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300002264423--8 -08/12/97--01040--025 ***165.00 ***165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8-11-97
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

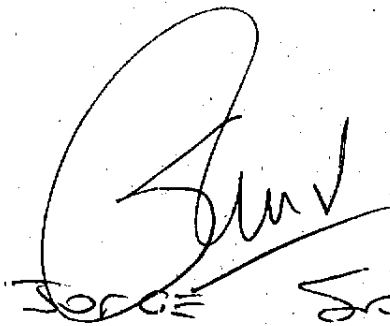
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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.

CR2E034 (4/97)



FLORIDA DEPARTMENT OF STATE

Enclosed you will find
CHECK payable to DEPARTMENT OF
STATE OF \$ 165,00; this is
because we never received the
first notice. of the Filing Fee
THANKS you for your cooperation


GEORGE SAMUS

954-3859736

07/31/97.

CC. Ronny Halperin
LOW OFFICES
305-3799000