


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997  DOCUMENT # P96000081985 1. Corporation Name MASTERCRAFTSMAN OF ART CORPORATION	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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Principal Place of Business 2340 NE 199 St. MIAMI FL 33180	Mailing Address
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2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified OCT 3 '1996 4. FEI Number 65-0699633 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	3a. Date of Last Report Applied For Not Applicable
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent 81 Name <i>Richard M. Fernandez, Esq</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>11077 Biscayne Blvd PH</i> 83 84 City <i>Miami</i> FL 85 Zip Code <i>33161</i>
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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: *[Signature]* DATE: *5/6/97*
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE 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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition PSTD LEON BUKI 2340 NE 199 St. MIAMI FL 33180 500002130835 -05/27/97--01013--044 ***165.00
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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.

SIGNATURE: *Leon Buki* **LEON BUKI** *5/6/97*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)