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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000097753 (3)

ARTISTIC PRINTING, INC.

SIGNATURE:

Principal Piace	e of Business	Mailing Address				T TERUTARY FOR THE TRUE BEAT BEAT BY BY BY BY BY THE FIRST FLOOR FOR THE FIRST FLOOR FLOOR FLOOR FLOOR FLOOR F			
1020 S.E. 9TH AVENUE HIALEAH FL 33010		1020 S.E. 9TH AVENUE HIALEAH FL 33010-5810							
						3. Date Incorporated or Qualified 11/27/1996	3a. Date of		
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number			oplied For
21	· ••••	26				65-0719222			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired Section			
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
23 Zip	Country	Z(p)	Cou	intry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for it			
24	25	29	30				Yes No		1. 199.002,
	9. Name and Address of Currer		12.5.1			10. Name and Address of New Reg			
DERNAS, DANYS				81	Name				
	S.E. 9TH AVENUE		8			Iress (P.O. Box Number is Not Acceptable	le)		
HIAL	EAH FL 33010					a coo (. c. por manipor la mar recopiació)			
				83				····	
				84	City		FL 85	Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was	authorize	d by	the corpora	poration submits this statement for the patients board of directors. I hereby accept	urpose of chan It the appointm	ging i ent as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	E: Registere	d Age	int signature requ	lired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTO	RS IN 12
TOLE	PTD	DELETE	1.1 Ti	TLE			□ c	hange	Addition
NAME	PERNAS, DANYS		1.2 N	AME		•			
STREET ADDRESS	1020 S.E. 9TH AVENUE		1.3 \$	TREET	ADDRESS				
CITY - ST - ZIP	HIALEAH FL 33010	Dougts			T-ZIP	·	[]^		1 4 2 200
TITLE	SVD PERNAS, CARMEN M	☐ DELE¥E	2.1 11		ŀ		ш	hange	Addition
NAME	1020 S.E. 9TH AVENUE		2.2 N						
STREET ADDRESS	HIALEAH FL 33010		4		ADDRESS				
CHTY+S1+ZIP THILE	THALEATTE GOOTS	☐ DELETE	3.1 TI		ST-21P			hange	Addition
NAME		_ beech	32 N						
STREET ADDRESS					ADDRESS				
City-St-7/P					ST-ZIP				
TITLE		DELETE	4.1 TI				C	hange	Addition
NAME			4.21	IAME	Ì				ļ
STREET ADDRESS			4.3 S	rreef	ADORESS				
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NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
CHTV - ST - ZIP			5.4 C	ITY-S	T- ZIP				
TOLE		☐ DELETE	61 TI	TLE				hange	Addition
NAMŁ			62 N	AME					
STREET ADDRESS	1		6.3 \$	TREET	ADDRESS				

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 adjust report of 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 properation of 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 11 bit changing or one in attachment with an address.