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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000103131 (4)

1. Corporation Name
FRAMED SCULPTURES ON CANVAS, INC.



Principal Place of Business
808 10TH AVENUE
POMPANO BEACH FL 33060

Mailing Address
808 10TH AVENUE
POMPANO BEACH FL 33060-5725

3. Date Incorporated or Qualified 12/23/1996	3a. Date of Last Report
4. FEI Number 65-0724417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 808 N.E. 10TH AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 808 N.E. 10TH AVE. Suite, Apt. #, etc.
22 City & State 23 POMPANO BEACH, FL Zip Country	27 City & State 28 POMPANO BEACH, FL Zip Country
24 33060-5725	29 33060-5725

9. Name and Address of Current Registered Agent

MARTIN, RAFAEL
~~808 10TH AVENUE~~ 808 N.E. 10TH AVE.
POMPANO BEACH FL ~~33060~~
33060-5725

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	808 N.E. 10TH AVE.		POMPANO BEACH	FL 33060-5725

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

X 3/12/97

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MARTIN, RAFAEL
STREET ADDRESS	808 10TH AVENUE
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	D <input type="checkbox"/> DELETE
NAME	ZEFF, ALBERTO
STREET ADDRESS	808 10TH AVENUE
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	D <input type="checkbox"/> DELETE
NAME	LEDUAN, AGNES
STREET ADDRESS	808 10TH AVENUE
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIVISIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	808 N.E. 10TH AVE.
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060-5725
2.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	808 N.E. 10TH AVE.
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060-5725
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	808 N.E. 10TH AVE.
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060-5725
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: X *[Signature]* RAFAEL MARTIN X 3/12/97 954-185-8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0002132

CR2E034 (9/96)