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

FILED May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000002084 (6) ARTISTIC KITCHEN & INTERIORS INC. Principal Place of Business Mailing Address 7921 N.W. SOUTH RIVER DRIVE 7921 N.W. SOUTH RIVER DRIVE MEDLEY FL 33166 MEDLEY FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent VALDEON, JOSE M 7921 N.W. SOUTH RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) MEDLEY FL 33166 63 84 City Zip Code 85 Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the acceptance acceptanc **SIGNATURE** ne of registored agent and title if application (NOTE: Hagistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETÉ 11 TITLE Change TITLE VALDEON, JOSE M NAME 12 NAME 6545 S.W. 35TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change TITLE 2.1 TITLE **ALTUVE, NORYS** 2.2 NAME 7999 S.W. 58TH STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33143 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition ALFONSO, JOSE N NAME 3.2 NAME **59**01 SW 87TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP 14. I 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 on an attachment with an address.

61 THEF

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

Addition