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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000038072 (9)

ART BLINDS INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					(1981) 623 116 (611) 16311 6311 6411 6411 65116 1161 1411 6511 1611 16
	32ND AVENUE		2293 N.W. B2ND AVENUE		
MIAMI FL		MIAMI FL	MIAMI FL		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					04/29/1997
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-074-9970 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29 3	0		Personal Property Tax due June 30. Yes No
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
CASTRO, JOSE L				Name	
2293 N.W. 82ND AVENUE 8210 KIN 64 34			82	82 Street Address (P.O. Box Number is Not Acceptable)	
CASTRO, JOSE L 2283 N.W. 82ND AVENUE 8210 MW 6457, MIAMI FL 771/4-27, 1733/66			.6		
		_	83		
			84	City	85 Zip Code
				l	FL 189 20000
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. t am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Standard: transit or proport name of personal agent and take approached (NOTE: Begistered Agent signature required when reinstating) DATE					
	Signature, typed or printed harm of registered agr			ent signature re	
12.	PD	ID DIRECTORS VELETE	13.		Wils A. CASTRO, Change MAddition
TITLE	CASTRO, JOSE L	€_ occive	1.2 NAME		Lyis A. CASTRO Change RAddition 8210 New 64 St. 77119-17; PC 3316 C
NAME PERFET LEDGEGG			1.3 STREET ADDRESS		8210 1400 04 231/(
STREET ADDRESS	ANALUS TOTAL		1		77/19011 12 3316
CITY-ST-ZIP TITLE			1.4 CITY-5 2.1 TITLE	31-219	Change Addition
NAME	CASTRO, IRASEMA 2293 N.W. 82ND AVENUE		2 2 NAME		
			2 3 STREET ADDRESS 2. 4 City-St-Zip		
STREET ADDRESS					
CITY-ST-ZIP TITLE	MIAMITE 33122	DELETE	31 TITLE	31-21	Change Addition
NAME		had waters	3 2 NAME	}	
STREET ADDRESS				ADDRESS	
•			3 4. CITY-	- 1	//. ,
CITY-ST-ZIP TITLE		DELETE	4 1 TITLE	U: 1/1	Change Addition
NAME			4. 2 NAME	-	1/h -1,
STREET ADDRESS				ADDRESS	44172/
·			4.4 CITY - S		10900
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	e) htt	Change Addition
NAME		—	5.2 NAME		400002534184
	REET ADDRESS			T ADDRESS	-05/26/9801001001
CITY-ST-ZIP			5.4 CITY-3	i	***165.00
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS				I ADDRESS	
CITY-ST-ZIP			6.4 CITY - 1		
14 I hereny	certify that the information supplied v	with this filing does not qualify for	the exemp	otion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

r nereby certify that the information supplied with this tilling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 trustice 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.

4/20/08