


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000068183 (7)					
1. Corporation Name ANCIENT MOSAIC STUDIOS, INC.					
Principal Place of Business 640 NW 129 STREET NORTH MIAMI FL 33168		Mailing Address 640 NW 129 STREET NORTH MIAMI FL 33168			
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 08/05/1997					
2. Principal Place of Business 21 14650 N.W. 24TH CT Suite, Apt. #, etc.		2a. Mailing Address 26 14650 N.W. 24TH CT Suite, Apt. #, etc.		4. FEI Number 65-0785228 Applied For Not Applicable	
22 City & State 23 OPA-LODICA, FL		27 City & State 28 OPA-LODICA, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33154 25 DADC		29 33014 30 DADC		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent HOROWITZ, STUART A 640 NW 129 STREET NORTH MIAMI FL 33168			10. Name and Address of New Registered Agent 81 Name STUART A. HOROWITZ 82 Street Address (P.O. Box Number is Not Acceptable) 83 20 PARK DR. #4 84 City BAL HARBOUR FL 85 Zip Code 33154		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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 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: *[Signature]* 7/24/98 (301) 769-1212

CR2E034 (5/98)

(2)

ANCIENT MOSAICS STUDIO, INC
14650 N.W. 24TH COURT
OPA-LOCKA, FLORIDA 33054
305 769-1212 FAX: 305 769-1369

8-2-98

To whom it may concern,

9.

Our attorney used our old business

mailing address when he incorporated our
business. (We didn't receive our 1998

Annual Report packet until recently. Please

excuse us for our late filing. Our new

address is noted on the filing form.

THANK YOU