
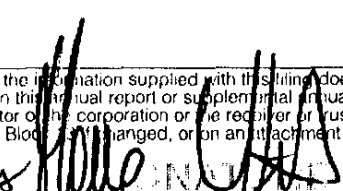


FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S08803 (6)					
1. Corporation Name ARTISTICA INC.					
Principal Place of Business 7730 COQUINA DR N BAY VILLAGE FL 33141			Mailing Address 7730 COQUINA DR N BAY VILLAGE FL 33141-4029		
2. Principal Place of Business 21 11510 Biscayne Blvd Suite, Apt. #, etc. N/A City & State MIAMI, FL Zip 33181 Country USA			2a. Mailing Address 26 same Suite, Apt. #, etc. 27 same City & State 28 same Zip 11 Country USA		
9. Name and Address of Current Registered Agent MARGARITELLI, MARCO 7730 COQUINA DR. N BAY VILLAGE FL 33141			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ Type, print, or typed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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, unchanged, or on an attachment with an address.					
SIGNATURE:  NOT REQUIRED					



CR2E034 (9/96)