

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

1995-30-95

B-7615-C

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 PM 9:34

DOCUMENT # V26221 (4)

1. Corporation Name

ARTISTIC INDUSTRIES CORPORATION

Principal Place of Business

9185 NW 96TH STREET
MEDLEY FL 33178
US

Mailing Address

9185 NW 96TH STREET
MEDLEY FL 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1992 3a. Date of Last Report 08/04/1994

4. FET Number 65-0366821 4a. Agent Fee \$8.75 Additional Fee Required

5. Certificate of Status Desired ☐ \$5.00 May Be Added to Fees

6. This corporation has failed to file its annual report as required by Chapter 607, Florida Statutes ☐ Yes ☐ No

7. This corporation has failed to file its annual report as required by Chapter 607, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 8720 NW 93 ST

State, Apt #, etc. State, Apt #, etc.

City & State MEDLEY, FLORIDA

Zip 33166 U.S.A.

2a. Mailing Address 7921 NW SOUTH RIVER DR

State, Apt #, etc. BOX # 107

City & State MIAMI, FLORIDA 33166

Zip 33166 U.S.A.

9. Name and Address of Current Registered Agent

RODRIGUEZ, RAUL
6240 S.W. 79 CT.
MIAMI FL 33143

10. Name and Address of New Registered Agent

81. Name
82. Address
83. City
84. State
85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the information furnished herein is true and correct to the best of my knowledge and belief.

Signature

Signature of Registered Agent

Signature of Agent for Service of Process

12. REGISTERED AGENT	13. AGENT FOR SERVICE OF PROCESS
NAME: D RODRIGUEZ, RAUL	NAME: [] Change [] Add
ADDRESS: 6240 S.W. 79 CT.	ADDRESS: [] Change [] Add
CITY: MIAMI FL	CITY: [] Change [] Add
STATE: FL	STATE: [] Change [] Add
ZIP: 33143	ZIP: [] Change [] Add
NAME: [] Change [] Add	NAME: [] Change [] Add
ADDRESS: [] Change [] Add	ADDRESS: [] Change [] Add
CITY: [] Change [] Add	CITY: [] Change [] Add
STATE: [] Change [] Add	STATE: [] Change [] Add
ZIP: [] Change [] Add	ZIP: [] Change [] Add
NAME: [] Change [] Add	NAME: [] Change [] Add
ADDRESS: [] Change [] Add	ADDRESS: [] Change [] Add
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STATE: [] Change [] Add	STATE: [] Change [] Add
ZIP: [] Change [] Add	ZIP: [] Change [] Add
NAME: [] Change [] Add	NAME: [] Change [] Add
ADDRESS: [] Change [] Add	ADDRESS: [] Change [] Add
CITY: [] Change [] Add	CITY: [] Change [] Add
STATE: [] Change [] Add	STATE: [] Change [] Add
ZIP: [] Change [] Add	ZIP: [] Change [] Add

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 607.07(3)(b), Florida Statutes. I further certify that the information indicated on this report request or supplemental annual report is true and accurate and that my registration 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 liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR