

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:34

**DOCUMENT # V26223 (0)**

1. Corporation Name  
**ARTISTIC INTERLOC 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	3a. Date of Last Report
<b>04/03/1992</b>	<b>08/04/1994</b>
4. FEI Number	Agency Fee
<b>65-0389828</b>	Parent Agencies
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for expenses for articles of incorporation/Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
<b>8720 NW 93 ST</b>	<b>7921 NW SOUTH RIVER DR</b>
State, Apt., etc.	State, Apt., etc.
<b>FL 33166 U.S.A.</b>	<b>FL 33166 U.S.A.</b>
22. City & State	27. City & State
<b>MEDLEY, FLORIDA</b>	<b>MIAMI, FLORIDA 33166</b>
23. <b>33166 U.S.A.</b>	28. <b>33166 U.S.A.</b>
24. <b>33166 U.S.A.</b>	30. <b>33166 U.S.A.</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>RODRIGUEZ, RAUL 6240 S.W. 79 CT. MIAMI FL 33143</b>	01. Name 02. Date New Registered Agent Accepted 03. 04. City, State <b>FL</b> 05. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.04(1), Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office to a registered agent or office in the State of Florida. Such change was authorized by the corporation's board of directors, twenty percent of the corporation's registered capital, twenty percent of the corporation's total assets, or by the corporation's sole member, as set forth in the appointment of a registered agent filed herewith, and is subject to the provisions of Sections 607.02(2) and 607.04(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Agent) \_\_\_\_\_ (Signature of Secretary)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
1. NAME	<b>D. RODRIGUEZ, RAUL</b>	1. NAME	
2. STREET ADDRESS	<b>6240 S.W. 79 CT.</b>	2. NAME	
3. CITY	<b>MIAMI FL</b>	3. NAME	
4. STATE		4. NAME	
5. ZIP CODE		5. NAME	
6. TITLE		6. NAME	
7. NAME		7. NAME	
8. STREET ADDRESS		8. NAME	
9. CITY		9. NAME	
10. STATE		10. NAME	
11. ZIP CODE		11. NAME	
12. TITLE		12. NAME	
13. NAME		13. NAME	
14. STREET ADDRESS		14. NAME	
15. CITY		15. NAME	
16. STATE		16. NAME	
17. ZIP CODE		17. NAME	
18. TITLE		18. NAME	
19. NAME		19. NAME	
20. STREET ADDRESS		20. NAME	
21. CITY		21. NAME	
22. STATE		22. NAME	
23. ZIP CODE		23. NAME	
24. TITLE		24. NAME	

14. I, the Secretary, certify that the information supplied with this filing is voluntarily furnished and that each has read and agrees to the incorporation stated in the form of this filing. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall form the same legal effect as if made by me with that I am an officer or director of the corporation as of the date of filing and consented to the preparation of this report as required by Chapter 607, Florida Statutes, and that my signature is in compliance with the provisions of Sections 607.02(2) and 607.04(1), Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

CR2E034 (3/95)