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

**PROFIT** CORPORATION ANNUAL REPORT

1997

ARTISTIC STONES, INC.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT # V73879** 

(1)

Mailing Address

## **FILED** Feb 25 1997 8:00am Secretary of State

1091 E. 26 ST. Hialeah Fl 33 US	013	1091 E. 26 ST. HIALEAH FL 33013-3717 US		<u>.</u>				
					<ol> <li>Date Incorporated or Qualified 10/23/1992</li> </ol>	3a. Date of Last F 05/01/1996	Report	
2. Principal P	iace of Business	2a. Mailing Address			4. FEI Number	TA	pplied For	
21		26			65-0363091	N	ot Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	1 1 '	Additional equired	
City & State	Q	City & State		***************************************	6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip Country		8. This corporation has liability for	8. This corporation has liability for intengible tax under s. 199.032,			
24	25	29	30 Florida Statutes Yes No					
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	10. Name and Address of New Registered Agent		
	EL CASTILLO, JR. E		8	1 Name				
1320	S DIXIE HWY		l a	2 Street	Address (P.O. Box Number is Not Acceptate	nle)		
	E 450		[		Tradition (1.0. Box Trainiber to 110, 7,000 plan	<i></i>		
COR	AL GABLES FL 33146		8	3				
•			ë	4 City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes the abo	ve-named	corporation submits this statement for the p	ourpose of changing i	ts registered	
office or r	egistered agent for both, in the State c	if Florida. Such change was i	authorized :	ov the cor	poration's board of directors. I hereby accept	ot the appointment as	registered	
_	ni familiar with, and accept the obligat	ions of, Section 607.0505, Fi	orida Statul	es.	•		}	
SIGNATURE	Stiplicher, type for printed name of registers diagon	and title it applicable (NO)	F. Registered A	ovut s onalum	e required when reinstating)	DATE		
12.	OFFICERS AND		13.	gork o'gridion	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
1:1LE	PTD	DELETE	1.1 TITLI			. Change	Addition	
MAME	ARENCIBIA, ROBERTO		1.2 NAM	E				
STEEL TAGURESS	1091 E 26 ST		13 STRE	et address			İ	
CITY-ST ZIP	HIALEAH FL			- ST - ZIP				
TILLE	SVD	DELETE	21 TITL		ARENCIBIA YR 1091 E 26 ST 141 A LEA, FL	Change	Addition	
NAME	ramos, irma c.		22 NAM	E	ARENCIBIA YN	MA'C -		
STREET ALLURESS	1091 E 26 ST		2.3 STRE	ET ADDRESS	1091 E 26 57			
CITY-ST ZIP	HIALEAH FL			-ST-ZIP	ITIALEA, FL			
TITLE	MV	DELETE	3 1 TITL!			Change	Addition	
NAME	ARENCIBIA, ALEXANDER		3.2 NAM	Ē		-		
STEFET ADDRESS	1091 E 26TH ST		3.3 STRE	ET ADDRESS	·			
CH y - S" - ZIP	HIALEAH FL		3.4. CITY	- ST- ZIP				
TOTALE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAN	E				
STREET ADDRESS			4.3 STRE	et address				
COY+S1+ZiP			4.4 CITY	- ST- <i>Z</i> IP				
11718		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAM	=				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CHY-S1 ZIP			5.4 CITY	-ST-ZIP				
TITLE.		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAM	Ę				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
C(1) + S1 + 70P			6.4 CITY					
14. Loo here!	ay certify that the information supplied	with this filing does not qual			stated in Section 119 07/3\(ii). Florida Statute	s. I further certify that	the	

Too notesy certify that the information supplied with this hilling does not quality 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

SIGNATURE:

Inemalia Pt0 1-19-99 305-836-0449