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FILED
Jan 27 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 # **V73879** **(1)**

1. Corporation Name
ARTISTIC STONES, INC.

Principal Place of Business	Mailing Address
1091 E. 26 ST. HIALEAH FL 33013 US	1091 E. 26 ST. HIALEAH FL 33013 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 10/23/1992	
City & State 23	City & State 28	4. FEI Number 65-0363091	Applied For ☐ Not Applicable ☐
Zip / Country 24 / 25	Zip / Country 29 / 30	~~5. Certificate~~ of Status Desired ☐	**$8.75** Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANGEL CASTILLO, JR. E 1320 S DIXIE HWY SUITE 450 CORAL GABLES FL 33146	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARENCIBIA, ROBERTO		1.2 NAME		
STREET ADDRESS	1091 E 26 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS, IRMA C,		2.2 NAME		
STREET ADDRESS	1091 E 26 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	MV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARENCIBIA, ALEXANDER		3.2 NAME		
STREET ADDRESS	1091 E 26TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ARENCIBIA, YRMA C,		4.2 NAME		
STREET ADDRESS	1091 E 26 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: [illegible] 1-19-97 305-836-0449