

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000019036 (9)**

1. Corporation Name

ANGELIC CREATIONS, INC.



Principal Place of Business

Mailing Address

9281 S.W. 22 TERR.
MIAMI FL 33165

9281 S.W. 22 TERR.
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GOMEZ, MARILYN B
903 N.W. 106 AVE. CIRCLE
MIAMI FL 33172

3. Date Incorporated or Qualified

03/10/1995

3a. Date of Last Report

4. FEI Number

65-0618749

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)

6135 SW 42 Street

83

84 City

MIAMI

FL

85

Zip Code

33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Marilyn B Gomez

(NOTE: Registered Agent signature required when registering)

DATE

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LOPEZ, YVONNE A
STREET ADDRESS 9281 S.W. 22 TERR.
CITY-ST-ZIP MIAMI FL 33165

1.1 TITLE
1.2 NAME GUEITS, YVONNE A.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME GOMEZ, MARILYN B
STREET ADDRESS 903 N.W. 106 AVENUE
CITY-ST-ZIP MIAMI FL 33172

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 6135 SW 42 Street
2.4 CITY-ST-ZIP MIAMI, FLA, 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Yvonne Gueits*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
YVONNE GUEITS

4/15/96 3052296008

CR2E034 (12/95)