

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90070 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT #P98000094519

1. Corporation Name

LOVE CREATIONS, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-9-98

4. FEI Number  
65-0874394

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

169 E FLAGLER STREET

2a. Mailing Address

Suite, Apt. #, etc.

SUITE 600

City & State  
MIAMI, FL

Zip Country  
33131 USA

City & State

Zip Country

29 30

9. Name and Address of Current Registered Agent

GARCIA, BENITO  
 36 NE 1st AVE., SUITE 406  
 MIAMI, FL 33132

10. Name and Address of New Registered Agent

81 Name GARCIA, BENITO  
 82 Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER STREET  
 83 SUITE 600  
 84 City MIAMI FL 85 Zip Code 33131

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: *Benito R Garcia President* DATE: 4-22-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, BENITO	
STREET ADDRESS	280 E 52nd ST	
CITY-ST-ZIP	HIALEAH, FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARCIA, RAFAEL	
STREET ADDRESS	36-NE 1st ST, SUITE 406	
CITY-ST-ZIP	MTAMI, FL 33132	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MIRANDA, ELVIRA	
STREET ADDRESS	36 NE 1st ST, SUITE 406	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GARCIA, IDELISA M.	
STREET ADDRESS	280 E. 52nd ST	
CITY-ST-ZIP	HIALEAH, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARCIA, BENITO	
1.3 STREET ADDRESS	169 E FLAGLER ST, SUITE 600	
1.4 CITY-ST-ZIP	MIAMI FL 33131	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARCIA, RAFAEL	
2.3 STREET ADDRESS	169 E FLAGLER ST, SUITE 600	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIRANDA, ELVIRA	
3.3 STREET ADDRESS	169 E FLAGLER ST, SUITE 600	
3.4 CITY-ST-ZIP	MIAMI, FL 33131	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GARCIA, IDELISA M.	
4.3 STREET ADDRESS	169 E. FLAGLER ST, SUITE 600	
4.4 CITY-ST-ZIP	MIAMI, FL 33131	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Benito R Garcia President* DATE: 4-22-99 DAYTIME PHONE #: 305 3790389