

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:14

DOCUMENT # **S32423** (3)
1. Corporation Name
CUSTOM CREATIONS, INC.

Principal Place of Business Mailing Address
2400 WEST 84TH STREET SUITE 106 HIALEAH FL 33016 **PO BOX 162851 MIAMI FL 33116**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1991** 3a. Date of Last Report **04/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26** **P.O. Box 290786**

4. FEI Number **65-0242408** Applied For Not Applicable

Suite, Apt #, etc. Suite, Apt #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **28** **DAVIE, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **3325** **30** **BROWARD**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MINKIN, RICHARD A.
2400 WEST 84TH STREET
HIALEAH FL 33016**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P O Box Number is Not Acceptable)
03
04 City **FL** **05** 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

Signature (typed or printed name of registered agent and fee applicable)

Signature (typed or printed name of registered agent and fee applicable)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINKIN, RICHARD A.	1.2 NAME	
STREET ADDRESS	2400 WEST 84TH STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL 33016	1.4 CITY, ST, ZIP	
TITLE	PS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, DALE R	2.2 NAME	
STREET ADDRESS	2400 WEST 84TH STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL 33016	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(b), Florida Statutes. I further certify that this 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 9, 1995 **305-362-9833**
DATE (Typed Name)