

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011575 (4)
1. Corporation Name

ORIGINAL CONCEPTS, INC.



Principal Place of Business

Mailing Address

4410 W 16TH AVE
SUITE 55
HIALEAH FL 33012

4410 W 16TH AVE
SUITE 55
HIALEAH FL 33012

3. Date Incorporated or Qualified 02/10/1995
3a. Date of Last Report

| | | | |
|--------------------------------|---------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 65-0554624 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | | |
| Zip | Zip | 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 24 | 29 | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINAS, SARA L
4410 W 16TH AVE
SUITE 55
HIALEAH FL 33012

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | D VINAS, SARA L | 1.1 TITLE | |
| NAME | VINAS, SARA L | 1.2 NAME | |
| STREET ADDRESS | 4410 W 16TH AVE SUITE 55 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33012 | 1.4 CITY-ST-ZIP | |
| TITLE | D VINAS, HECTOR R | 2.1 TITLE | |
| NAME | VINAS, HECTOR R | 2.2 NAME | |
| STREET ADDRESS | 4410 W 16TH AVE SUITE 55 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33012 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hector R. VINAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96 305 825 1322 x 30

CR2E034 (3/96)