

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

FILED

Apr 11 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | 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
HALEAH FL 33012**

**4001 SW 100 AVENUE
DAVIE FL 33328-2208
US**



| | | | | | |
|--------------------------------|--|-------------------------------|--|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 3475 W. Flagler St. | | 26 3475 W. Flagler St. | | 02/10/1995 | 08/14/1996 |
| 22 2nd Floor | | 27 2nd Flr. | | 4. FET Number | Applied For |
| 23 MIAMI, FL | | 28 MIAMI FL | | 65-0554624 | Not Applicable |
| 24 33135 | | 29 33135 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 USA | | 30 USA | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 26 USA | | 31 USA | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|-----------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 3475 W. Flagler St | |
| 84 City | MIAMI FL |
| | 33135 |

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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VINAS, SARA L | 1.2 NAME | |
| STREET ADDRESS | 4410 W 16TH AVE SUITE 55 | 1.3 STREET ADDRESS | 3475 W. Flagler St |
| CITY-ST-ZIP | HALEAH FL 33012 | 1.4 CITY-ST-ZIP | MIAMI, FL 33135 |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VINAS, HECTOR R | 2.2 NAME | |
| STREET ADDRESS | 4410 W 16TH AVE SUITE 55 | 2.3 STREET ADDRESS | 3475 W. FLAGLER ST. |
| CITY-ST-ZIP | HALEAH FL 33012 | 2.4 CITY-ST-ZIP | MIAMI, FL 33135 |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/97 **305 644 0800 x30**

CR2E034 (9/96)