FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)**DOCUMENT #** 1. Corporation Name HOUSE OF NOTIONS, INC. Mahing Address Principal Place of Business 48 E FLAGLER ST 48 E FLAGLER ST PENTHOUSE 101 PENTHOUSE 101 MIAMI FL 33131 MIAMI FL 33131 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 11/16/1970 Applied For 4 FEL Number 2a. Mailing Address 2. Principal Place of Business 59-1347225 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Flection Campaign Financing \$5.00 May Be City & State City & State Γ Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No Country Ζıp Country 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BENDER, JAIME 82 479 WEST 49TH STREET 83 HIALEAH FL 33012 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named curporation 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 full-thread Agent's gradue, responsible when reportatings Signature, typed or practed hand of region rectlaged a value of application ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Change VELETE 1. 1 TITLE TITLE BÉNDER, AIDA 1.2 NAME NAME 1119 N. 46 TERRADE 1.3 STREET ADDRESS Deceased STREET ADDRESS HOLLYWOOD HILLS FC 1.4 CITY - \$1 - ZIP CITY-ST-ZIE ☐ Addition Change DELETE 2.1 THE STD / P TITLE BENBER, JAIME 2.2 NAME 1119 N. 46 TERRACE 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD HILLS FL 2.4 City - ST - ZiP CITY-ST-ZIP Change Addition DELETE 3 1 Till E TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - ST - ZIP CITY-ST-2IF Change ne.tibbA [[] DELETE 4 1 TITLE TiTLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST. ZIP CITY - ST - ZIF Addition DELETE 5 1 TO LE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 6 1 TIT, F TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CH Y - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily formshed 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, 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 attachagent with an address

'en

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Tresident 4-18-96

ENDER

CR2E034 (12/95)