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 APR -4 PM 11: 18

DOCUMENT # **404118** **(2)**

1. Corporation Name
BETTY DAIN, CREATIONS, INC.

Principal Place of Business	Mailing Address
1075 E 30TH ST PO BOX 3010 HIALEAH FL 33013	1075 E 30TH ST PO BOX 3010 HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1972
3a. Date of Last Report: 04/06/1994
4. FEI Number: 13-1541407 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc.: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc.: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEEBOW,GERALD
19721 N E 21ST CT
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	DTS
NAME	LEEBOW, HARRIET
STREET ADDRESS	19721 NE 21ST CT
CITY-ST-ZIP	N MIAMI BEACH, FL 00000
TITLE	VD
NAME	LEEBOW, RICAHRD
STREET ADDRESS	21220 N E 19TH AVE
CITY-ST-ZIP	N MIAMI BEACH, FL 00000
TITLE	PD
NAME	LEEBOW, GERALD
STREET ADDRESS	19721 NE 21ST CT
CITY-ST-ZIP	N MIAMI BEACH, FL 00000
TITLE	VD
NAME	LEEBOW, DONALD M
STREET ADDRESS	19721 NE 21ST CT
CITY-ST-ZIP	N MIAMI BEACH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Gerald Leebow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/31/95
Date — Daytime Phone #

CR2E003 OP