

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 451628 (2)

1. Corporation Name

HOLIDAY CRAFT, INC.

Principal Place of Business

11960 N.W. 87TH COURT
HIALEAH GARDENS FL 33016

Mailing Address

11960 N.W. 87TH COURT
HIALEAH GARDENS FL 33016



3. Date Incorporated or Qualified

06/06/1974

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

URQUIJO, ANIF R.
11960 N.W. 87TH COURT
HIALEAH GARDENS FL 33016-8912

10. Name and Address of New Registered Agent

81 Name

Pedro Pelaez Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

16329 N.W. 84 AVE

83

84 City

MIAMI

FL

85

Zip Code

331

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

(Print Name of Registered Agent Signature Required when Renewing)

4/12/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PELAEZ, PEDRO R
STREET ADDRESS 6930 MAPLE TERRACE
CITY-ST-ZIP MIAMI LAKES FL

TITLE ST ☐ DELETE

NAME PELAEZ, MARTHA
STREET ADDRESS 6930 MAPLE TERRACE
CITY-ST-ZIP MIAMI LAKES FL

TITLE VD ☐ DELETE

NAME PELAEZ, PEDRO JR
STREET ADDRESS 16329 NW 84 AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME PELAEZ, RAUL
STREET ADDRESS 17435 NW 86 AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME URQUIJO, ANIF
STREET ADDRESS 8340 NW 164 STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 305.873.2777
Daytime Phone
561-266-9610

CR2E034 (12/95)