

**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.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 638530 (6)**

**1. Corporation Name**  
**ALL BAG CREATIONS, INC.**

<b>Principal Place of Business</b> 4755 EAST 10 LANE HIALEAH FL 33013	<b>Mailing Address</b> 4755 EAST 10 LANE HIALEAH FL 33013 US
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	<b>3. Date Incorporated or Qualified</b> 10/03/1979	<b>3a. Date of Last Report</b> 08/31/1995
<b>4. FEI Number</b> 59-1937072		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> MARTINEZ, ISIDRO ANTONIO 4755 EAST 10 LANE HIALEAH FL 33013	<b>10. Name and Address of New Registered Agent</b> 81 Name: <u>GUTIERREZ, BEATRIZ</u> 82 Street Address (P.O. Box Number is Not Acceptable): <u>4755 E. 10 LANE</u> 83 84 City: <u>HIALEAH</u> FL 85 Zip Code: <u>33013</u>
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**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** Beatriz Gutierrez **DATE** 8/2/96

<b>12. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;"> <b>TITLE</b> PST <b>NAME</b> MARTINEZ-GUTIERREZ, BEATRIZ <b>STREET ADDRESS</b> 3100 SW 87 WAY MIRAMAR <b>CITY - ST - ZIP</b> MIRAMAR, FL 00000                         </td> <td style="width: 70%;"> <input type="checkbox"/> DELETE                     </td> </tr> <tr> <td> <b>TITLE</b> VD <b>NAME</b> MARTINEZ, ISIDRO ANTONIO <b>STREET ADDRESS</b> 2555 W 87TH PLACE <b>CITY - ST - ZIP</b> HIALEAH FL                         </td> <td> <input checked="" type="checkbox"/> DELETE                     </td> </tr> <tr> <td> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> </td> <td> <input type="checkbox"/> DELETE                     </td> </tr> <tr> <td> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> </td> <td> <input type="checkbox"/> DELETE                     </td> </tr> <tr> <td> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> </td> <td> <input type="checkbox"/> DELETE                     </td> </tr> <tr> <td> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> </td> <td> <input type="checkbox"/> DELETE                     </td> </tr> </table>	<b>TITLE</b> PST <b>NAME</b> MARTINEZ-GUTIERREZ, BEATRIZ <b>STREET ADDRESS</b> 3100 SW 87 WAY MIRAMAR <b>CITY - ST - ZIP</b> MIRAMAR, FL 00000	<input type="checkbox"/> DELETE	<b>TITLE</b> VD <b>NAME</b> MARTINEZ, ISIDRO ANTONIO <b>STREET ADDRESS</b> 2555 W 87TH PLACE <b>CITY - ST - ZIP</b> HIALEAH FL	<input checked="" type="checkbox"/> DELETE	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;"> <b>1.1 TITLE</b>  <b>1.2 NAME</b>  <b>1.3 STREET ADDRESS</b>  <b>1.4 CITY - ST - ZIP</b> </td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                     </td> </tr> <tr> <td> <b>2.1 TITLE</b>  <b>2.2 NAME</b>  <b>2.3 STREET ADDRESS</b>  <b>2.4 CITY - ST - ZIP</b> </td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  VD                  GUTIERREZ BEATRIZ                  4755 E 10 LANE                  HIALEAH, FL 33013             </td> </tr> <tr> <td> <b>3.1 TITLE</b>  <b>3.2 NAME</b>  <b>3.3 STREET ADDRESS</b>  <b>3.4 CITY - ST - ZIP</b> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition                     </td> </tr> <tr> <td> <b>4.1 TITLE</b>  <b>4.2 NAME</b>  <b>4.3 STREET ADDRESS</b>  <b>4.4 CITY - ST - ZIP</b> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition                     </td> </tr> <tr> <td> <b>5.1 TITLE</b>  <b>5.2 NAME</b>  <b>5.3 STREET ADDRESS</b>  <b>5.4 CITY - ST - ZIP</b> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition                     </td> </tr> <tr> <td> <b>6.1 TITLE</b>  <b>6.2 NAME</b>  <b>6.3 STREET ADDRESS</b>  <b>6.4 CITY - ST - ZIP</b> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition                     </td> </tr> </table>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD GUTIERREZ BEATRIZ 4755 E 10 LANE HIALEAH, FL 33013	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Beatriz Gutierrez **DATE:** 8/2/96 **FILE NUMBER:** 305-687-0590

CR2E034 (3/96)