

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 # **G90769**

(2)

1. Corporation Name

HOUSE OF BEADS, INC



Principal Place of Business

**825 LINCOLN RD MALL
MIAMI BEACH FL 33139**

Mailing Address

**940 LINCOLN RD MALL
SUITE 204
MIAMI BEACH FL 33139**

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

**GALINDO, PASTOR
940 LINCOLN ROAD MALL
#204
MIAMI BEACH FL 33139**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/09/1984

3a. Date of Last Report

06/19/1995

4. FEI Number

59-2387802

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME

**PSD
GALINDO, PASTOR
825 LINCOLN RD MALL
MIAMI BCH. FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**VP
GALINDO, RUBY A
825 LINCOLN RD.
MIAMI BEACH FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**D
GALINDO, GLORIA
940 LINCOLN RD MALL SUITE 204
MIAMI BEACH FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**D
GALINDO, VANESSA
940 LINCOLN RD MALL SUITE 204
MIAMI BEACH FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**D
GALINDO, MAURICIO
940 LINCOLN RD MALL SUITE 204
MIAMI BEACH FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**VP
PACHON, NANCY
940 LINCOLN RD MALL SUITE 204
MIAMI BEACH FL**

☐ DELETE

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

Date

Daytime Phone

4-26-96 532-1785

CR2E034 (12/95)