

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # **J07207** (0)

1. Corporation Name  
**CARDS & STUFF, INC.**



Principal Place of Business  
**1144 WESTON RD  
FT LAUDERDALE FL 33326  
US**

Mailing Address  
**1144 WESTON ROAD  
FT LAUDERDALE FL 33326-1815  
US**

3. Date Incorporated or Qualified  
**04/02/1986**

3a. Date of Last Report  
**08/02/1996**

2. Principal Place of Business  
21 **296 Indian Trace**

2a. Mailing Address  
26 **296 Indian Trace**

4. FEI Number  
**59-2658738**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 City & State  
**Weston FL**

28 City & State  
**Weston FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip  
**33326**

25 Country  
**Broward**

29 Zip  
**33326**

30 Country  
**Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**VELEZ, RICHARD  
19145 NW 24 COURT  
PEMBROKE PINES FL 33029**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------|---|--|
| TITLE                      | PD                    | 1.1 TITLE   |  |
| NAME                       | VELEZ, RICHARD        | 1.2 NAME  |  |
| STREET ADDRESS             | 19145 NW 24 COURT     | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | PEMBROKE PINES FL     | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | STD                   | 2.1 TITLE   |  |
| NAME                       | VELEZ, GLORIA         | 2.2 NAME  |  |
| STREET ADDRESS             | 19157 NW 24 COURT     | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | PEMBROKE PINES FL     | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VD                    | 3.1 TITLE   |  |
| NAME                       | LACATIVA, RITA        | 3.2 NAME  |  |
| STREET ADDRESS             | AMBERLANDS APTS #14-H | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | CROTON ON HUDSON NY   | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                       | 4.1 TITLE   |  |
| NAME                       |                       | 4.2 NAME  |  |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                       | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                       | 5.1 TITLE   |  |
| NAME                       |                       | 5.2 NAME  |  |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                       | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                       | 6.1 TITLE   |  |
| NAME                       |                       | 6.2 NAME  |  |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                       | 6.4 CITY - ST - ZIP                                   |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard Velez **Richard Velez, President** 4/22/97 (954) 384-6679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)