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

DOCUMENT # M75511

(9)

CREATIVE DESIGNS BY SUSAN, INC.

FILED
May 15 1997 8:00am
Secretary of State

Principal Place of Business P.O. BOX 732710 % T. ABRAHAM 6600 SW 57TH AVE MIAMI FL 33143 2. Principal Place of Business		P.O. BOX 73 % T. ABRAH MIAMI FL 33	Mailing Address P.O. BOX 732710 % T. ABRAHAM 6600 SW 57TH AYE MIAMI FL 33143			3. Date Incorporated or Qualified 04/06/1988 04/23/1996 4. FEI Number Applied For			
21		26				65-0041864		1	ot Applicable
	upt.#, etc		ot. #, etc.		, pare , .	5. Certificate of Status Desired		\$8.75	Additional equired
City & S	State	City & St	ate			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Ζφ	Country	Zip		Country		8. This corporation has liability for in	ntangible ta	x under s	. 199.032,
24	25	29		30			Yes 🔲		
	9. Name and Address of Cu	urrent Registered Age	ent	81		10. Name and Address of New Reg	pistered Ag	ent	
S M	150 NW 72ND AVE SUITE 475 MAMI FL 33126 ant to the provisions of Sections 607	.0502 and 607.1508, I	Florida Statuti	82 83 84 es, the abov	City	dress (P.O. Box Number is Not Acceptable)	FL urpose of c	banging i	Code ts registered
office agent. SIGNATUF	RE Signature, typed or printed name of registers					ation's board of directors. I hereby acceptured when renstating) ADDITIONS/CHANGES TO OFFIC	DATE		
HULF	PSD		DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME STREET ADORE CITY: ST-ZIF THEF NAME	ABRAHAM, SUSAN G. 6600 SW 57TH AVE MIAMI FL		DELETE	1.2 NAME 1.3 STREET 1.4 City-5 2.1 Title 2.2 NAME	T-ZIP		Ţ.	Change	Addition
SHEET ADORE	55			2.3 STREET					
CHY-ST-ZIP	**************************************		DELETE	2. 4 CITY-	I-ZIP			Change	Addition
THUF NAME STREET ADORE CHY+ST-ZIP	ss	L		3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-			L	Ti Origiilia	ADURIUN
THLE NAME STESSELADORE	85] DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET			C] Change	☐ Addition
CHY-SI-ZIF TITLE NAME SIEGET ADDRE	ss	Ľ	_] DELETE	4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET		***************************************		_ Change	Addition
CITY+ST-ZIP TITLE NAME STEEFT ADDRE		L	DELETE	5.4 CITY - S 6.1 TITLE 6.2 NAME	T-ZIP			Change	Addition

- 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 supplienced and 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 truetee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.11 changed, or on an attach report with against a paddress.

SIGNATURE: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/32/97(205) 666-8020