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

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M86012 (5)

1. Corporate Name
CREACIONES TRENCITAS OF MIAMI, INC.

Principal Place of Business
P. O. BOX 163506
MIAMI FL 33116

Mailing Address
P. O. BOX 163506
MIAMI FL 33116

(Only if Well is Installed)

3. Date Incorporated or Qualified: 06/13/1988
3a. Date Last Changed: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0054325
Applied For / Not Applicable

Suite Apt. #
22

Suite Apt. #
27

5. Certificate of Status Desired: $8.75 Additional Fee Required

City, State
23

City, State
28

6. Certified Copy (Additional Copies) Plus Certificate: $5.00 May Be Added to Fees

24 25 29 30

8. Do corporate tax returns for unemployment tax need to be filed in Florida? Yes No

9. Name and Address of Current Registered Agent

SANCHEZ, LUZ MARINA
8015 SW 107TH AVE., #211
MIAMI FL 33173

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 section 607.325, F.S., the Florida Business Corporation Act, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and office before any change thereunder shall be as set forth above. I hereby accept the appointment as registered agent and agree to comply with the provisions of said Florida Statutes.

SIGNATURE

12.
PD
SANCHEZ, LUZ M.
8015 SW 107TH AVE. #211
MIAMI FL

13.

14. I hereby certify that the information supplied with this report is true and accurate and that my signature shall serve as my affirmation under the penalties of perjury that I am an officer or director of the corporation or the registered agent of the corporation named in this report or application, as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached sheet with my name and title.

SIGNATURE: 3/3/95 (305) 274-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUZ MARINA SANCHEZ

27

0427120 FP