

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

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FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90016 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <i>Katherine Harris</i> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M86012

1. Corporation Name

CREACIONES TRENCITAS OF MIAMI, INC.

Principal Place of Business

Mailing Address

P.O. BOX 163506
MIAMI FL 33116

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MIAMI FL 33116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1988

4. FEI Number

65-0054325

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **8727 SW 161 Court**
Suite, Apt. #, etc.

2a. Mailing Address
26 **8727 SW 161 Court**
Suite, Apt. #, etc.

23 **Miami FL**
City & State
24 **33193** 25 **Dade**
Zip Country

27 **Miami FL**
City & State
28 **33193** 29 **Dade**
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Sanchez Luz Marina

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

8727 SW 161 Court

83

84 City

Miami

FL

85 Zip Code

33193

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SANCHEZ, LUZ M.
STREET ADDRESS	8015 SW 107TH AVE., #241
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANCHEZ LUZ M.
1.3 STREET ADDRESS	8727 SW 161 Court
1.4 CITY-ST-ZIP	Miami FL 33193
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/99

Daytime Phone #

CR2E034 (11/98)