

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

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mayhew Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000000410
1. Corporation Name

FLAMINGO ORIGINALS OF FLORIDA INC.

Principal Place of Business

2037 NW 22CT
MIAMI FL 33142

Mailing Address

2037 NW 22CT
MIAMI FL 33142

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DST
NOY, ORFELINA
2037 NW 22Ct
MIAMI FL 33142

3. Date Incorporated or Qualified
10/26/1992

3a. Date of Last Report

4. FEI Number
65-0371025

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

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 607.0515, 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE * DST
NAME NOY, ORFELINA
STREET ADDRESS 2037 NW 22CT
CITY-ST-ZIP MIAMI FL 33142

1.1 TITLE PRESIDENT
1.2 NAME NOY, ORFELINA
1.3 STREET ADDRESS 2037 NW 22CT
1.4 CITY-ST-ZIP MIAMI FL 33142

TITLE DP
NAME RIVERA, Oscar
STREET ADDRESS 2037 NW 22CT
CITY-ST-ZIP MIAMI FL 33142

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not exempt the corporation from 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 attached schedule of address.

SIGNATURE:

(305)634-7957