

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008196 (6)**

1. Corporation Name

CANDLES BY AMY, INC.

2. Principal Place of Business

**8460 N.W. 182ND STREET
MIAMI FL 33015**

2a. Mailing Address

**8460 N.W. 182ND STREET
MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1993

3b. Date of Last Report

05/01/1994

4. FEI Number

59-2350742

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 (1)(f)
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

State Apt. #, etc.

22

City & State

23

Zip

24

25

2a. Mailing Address

26

State Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOETZ, SCOTT
8460 N.W. 182ND STREET
MIAMI FL 33015**

81 Name

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

83

84 City

FL

85 Zip Code

11. For each of the previous years beginning on 1/1/93 and ending 12/31/94, Florida Statutes, the officer named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not an officer or director of the corporation.

SIGNATURE

12. OFFICER AND/OR DIRECTOR

13. ADDITIONAL CHANGE S. 199 (1)(f) FLORIDA STATUTES

NAME

STREET ADDRESS

CITY

STATE

ZIP

14. NAME

STREET ADDRESS

CITY

STATE

ZIP

15. NAME

STREET ADDRESS

CITY

STATE

ZIP

16. NAME

STREET ADDRESS

CITY

STATE

ZIP

17. NAME

STREET ADDRESS

CITY

STATE

ZIP

18. NAME

STREET ADDRESS

CITY

STATE

ZIP

19. NAME

STREET ADDRESS

CITY

STATE

ZIP

SIGNATURE:

Scott Goetz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Goetz

5/1/95

305-821-4052