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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017382 (1)

UNLEASHED CREATIONS, INC.

Principal Plage of Business

Mailing Address

FILED Apr 02 1998 8:00am Secretary of State



19125 DISCAYNE BLVD. C/O LAURA KRUEGER NORTH MIAMI BEACH FL 33180 6866 MW 173 DR., #602 DO NOT WRITE IN THIS SPACE MIAMI FL 33015 3. Date Incorporated or Qualified 03/08/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 6866 NW 173 26 65-0406841 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 602 Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be MALM 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 3301 5 5 A 5 25 DADE 29 330/ 9, Name and Address of Current Registered Agent Yes Yes Personal Property Tax due June 30. Name and Address of New Registered Agent Name KRUEGER, LAURA B 6866 N.W. 173 DR. Street Address (P.O. Box Number is Not Acceptable) SUITE 602 83 MIAMI FL 33015 City Zip Code 85 11. Pursuant to the provisions of Soctions 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 LAURA KRUEGER
Signature, typed or posited native of requisit rest agent and tall it applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition KRUEGER, LAURA B 1.2 NAME 6866 N.W. 173RD DR., SUITE 602 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33015 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4,1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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 or an attachment with an address.

SIGNATURE:

LAURA KROEGER 1-21-98

305-825-5130