SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000035013 (0) DOCUMENT # PHOENIX CREATIONS INCORPORATED Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 3a. Date of Last Report 05/12/1993 06/14/1995 Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 1305 mango ISIE NOT APPLICABLE PO BOX 21 26 Not Applicable Suite, Apt. #. etc. \$8.75 Additional Certificate of Status Desired. 22 Fee Required City & Stale City & State 6. Election Campaign Financing \$5.00 May Be Ft. Laud 23 Ft Laudre Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199 032 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RANDALL, IRENE 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 85 Zip Code FL 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: 1, peld or printed name of registered agent and title if apply table. (NOTE: Regimered Agent signature required when renotating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE DELETE 1.111116 Change Addition RANDAII, IRENG RANDALL, IRENE NAME 1.2 NAME CR2E034 1305 Mango Isla 1420 S. BAYSHOBE DB: 1#361 MIAMI FL 3313 STREET ADDRESS 1.3 STREET ADDRESS Ft Laudandale, F1.33315 14 CITY - ST- 7P DELETE TITLE 2 : TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - \$1 - 7IP TITLE DELETE 3 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY - ST - ZIP 3.4 CITY-ST-ZIP 31111 DELETE 4.1 TITLE Change Adoition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP DELETE 5.1 THE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZIP TITLE DELETE Change Addition 6.1 HLF NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CHTY - ST - ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 tegal 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 617, Florida Statutes, and

or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/96 9545256779

that my name appears in Block 12 or

SIGNATURE: