FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
1995 MAR 22 PM 2:22
[illegible] OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044430 (5)

1. Corporation Name

~~CROWN UNIVERSAL INC.~~
Crown Universal Finance, Inc

Principal Place of Business	Mailing Address
~~2610 S.W. 51ST ST.~~ ~~CAPE CORAL FL 33914~~ 3340 Palm Beach Blvd. Ft. Myers, Fl. 33916	2610 S.W. 51ST ST. CAPE CORAL FL 33914 3340 Palm B

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1993	3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0425400	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	

2. Principal Place of Business	2a. Mailing Address
21: 3340 Palm Beach Blvd	26: 3340 Palm Beach Blvd.
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Ft. Myers Fl.	City & State 28: Ft. Myers Fla.
Zip 24: 33916 / Country 25: Lee	Zip 29: 33916 / Country 30: Lee

9. Name and Address of Current Registered Agent

WILSON, LUCILLE D
2610 S.W. 51ST ST.
CAPE CORAL FL 33914

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 607.0505, Florida Statutes.

SIGNATURE
(Registered Agent's Signature) [illegible]

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, LUCILLE D
STREET ADDRESS	2610 S.W. 51ST ST.
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	D
NAME	WILSON, JAMES L
STREET ADDRESS	610 S.W. 51ST ST.
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	President	☑ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Secretary / Treasurer	☑ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

600001437696
-03/23/95--01042--004
****200.00 ****200.00

[illegible] 3-22

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section [illegible], 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95 (813) 245-[illegible]
Date / Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P93000050106

1. Corporation Name

CUTE BABIES INC.

400001436624

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
Ave. Garci Gonzalez **Edificio Centro Industrial** **Piso 3 - La Yaguara** **Venezuela**	**200 S. Biscayne Blvd. 48thFl.** **Miami, FL 33131-2398**

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: **7-16-93**	3a. Date of Last Report: **6-27-94**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: **98-0135174**	Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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	

9. Name and Address of Current Registered Agent

Corporation Information Services, Inc.(CIS)
1201 Hays Street
Tallahassee, FL 30301
USA

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 607.0505, Florida Statutes.

SIGNATURE: Gail Shelby for Corporation Information Services, Inc. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**President**	11 TITLE	☐ Change ☐ Addition
NAME	**Isaac Anerraf**	12 NAME	
STREET ADDRESS	**Ave.Garci Gonzalez**	13 STREET ADDRESS	
CITY-ST-ZIP	**Edificio Centro Industrial, Piso 3 LA YAGUARA, Venezuela**	14 CITY ST ZIP	
TITLE	**Secretary**	21 TITLE	☐ Change ☐ Addition
NAME	**Jacobo Anerraf**	22 NAME	
STREET ADDRESS	**Ave. Garci Gonzalez**	23 STREET ADDRESS	
CITY-ST-ZIP	**Edificio Centro Industrial, Piso 3 LA YAGUARA, Venezuela**	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do 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)(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.

SIGNATURE: **Isaac Anerraf, President** (502) 471-2037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Telephone Number

3:22.95

[illegible]
Tallahassee, FL 32301
904-222-[illegible]
904-222-0393 FAX

800-[illegible]

csc networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 549493 128151A

AUTHORIZATION : Patricia Pruitt

COST LIMIT : $ 200.00

ORDER DATE : February 27, 1995

ORDER TIME : 10:31 AM

ORDER NO. : 549493

CUSTOMER NO: 128151A

CUSTOMER: Mr. Ariel Bentata
Bentata Hoet & Associates,
Suite 4810
200 South Biscayne Boulevard
Miami, FL 33131-2396

ANNUAL REPORT FILING

NAME: CUTE BABIES INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
X PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS: _____