

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 1:49
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000064352 (6)

1. Corporation Name

PRECIOUS MOMENTS ATELIER CORP.

Principal Place of Business

**4225 EAST 4TH AVE.
HALEAH FL 33013**

Mailing Address

**4225 EAST 4TH AVE.
HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0436075

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

21 1978 W 60 St

Suite, Apt. #, etc.

22

City & State

23 Hialeah Fl.

Zip

24 33012

Country

25 Dade

2a. Mailing Address

26 (Same) 1978 W 60 St

Suite, Apt. #, etc.

27

City & State

28 Hialeah Fl.

Zip

29 33012

Country

30 Dade

9. Name and Address of Current Registered Agent

**CORRIPIO, ROBERTO
4225 EAST 4TH AVE.
HALEAH FL 33013**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	CORRIPIO, ROBERTO	325 EAST 43RD ST.	HALEAH FL 33013
STD	CORRIPIO, FRANCISCO	325 EAST 43RD ST.	HALEAH FL 33013

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 110.07(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 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: FRANCISCO CORRIPIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95
Date

(905) 821-7008
(Typed Phone #)