

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000068703 (6)**

1. Corporation Name

CREATIONS BY G.D. CORP.

Principal Place of Business

**3093 N.W. 27TH STREET
MIAMI FL 33142**

Mailing Address

**3093 N.W. 27TH STREET
MIAMI FL 33142**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/04/1993

3a. Date of Last Report

04/18/1995

4. FEI Number

65-0440022

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

9. Name and Address of Current Registered Agent

**URBINA, GUSTAVO
7601 WEST FLAGLER ST.
SUITE 204
MIAMI FL 33144**

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 not applicable

(NOTE: Registered agent's signature and name must be typed or printed on this form.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PTD
URBINA, GUSTAVO**
STREET ADDRESS **3093 N.W. 27TH ST.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ DELETE

NAME **SVD
URBINA, DAMARIS**
STREET ADDRESS **3093 N.W. 27TH ST.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ DELETE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 NAME

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 NAME

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 NAME

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(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 employed by it, and that I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)