

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000082070 (2)**

1. Corporation Name
SPANISH CONCEPTS, INC.



Principal Place of Business 1881 N.E. 26 STREET STE. 60 WILTON MANORS FL 33305 US	Mailing Address P O BOX 816002 STE. 60 HOLLYWOOD FL 33081 US
<i>2916 BAYVIEW DR Fort Lauderdale FL 33306</i>	<i>Del</i>

3. Date Incorporated or Qualified 11/22/1993	3a. Date of Last Period 06/27/1995
4. FEI Number 65-0447715	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2916 Bayview Dr	2a. Mailing Address 26 PO BOX 816002
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 FORT LAUDERDALE, FL	City & State 28 HOLLYWOOD, FL
Zip 24 33306	Country 25 US
Country 29 US	Zip 30 33081

9. Name and Address of Current Registered Agent ROSENBERG, OLGA 5538 SW 28TH TERR FT LAUDERDALE FL 33312		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

11. Pursuant to the provisions of Sections 607.0402 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 607.0405 Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Registered Agent (Signature required later registration) _____

12. OFFICERS AND DIRECTORS		
TITLE	P ROSENBERG, OLGA	<input type="checkbox"/> DELETE
NAME	5538 SW 28TH TERR	
STREET ADDRESS	FT LAUDERDALE FL	
CITY- ST- ZIP	VP	
TITLE	BOCKOS, SHARON	<input checked="" type="checkbox"/> DELETE
NAME	1943 MONROE ST STE 107	
STREET ADDRESS	HOLLYWOOD FL	
CITY- ST- ZIP	T	<input checked="" type="checkbox"/> DELETE
TITLE	ANDRADE, ALEXIS	
NAME	P O BOX 816002 NA	
STREET ADDRESS	HOLLYWOOD FL	
CITY- ST- ZIP	S	<input checked="" type="checkbox"/> DELETE
TITLE	ARGUMENI, LUCIA M	
NAME	3500 BLUE LAKE DR., #202	
STREET ADDRESS	POMPANO BCH. FL	
CITY- ST- ZIP		<input type="checkbox"/> DELETE
TITLE		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY- ST- ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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(5)(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: *Olga Rosenberg*
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96 (954) 568 3944
DATE DATE AND PHONE #

CR2E034 (12/95)