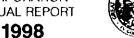
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** ELORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT





Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000082070 (2)

SPANISH CONCEPTS, INC. Principal Place of Business Mailing Address 2916 BAYVIEW DRIVE P.O. BOX 816002 FORT LAUDERDALE FL 33306 HOLLYWOOD FL 33081 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1993 26. Mailing Address
POBOX Principal Place of Business Applied For 65-0447715 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Rf 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Žφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROSENBERG, OLGA **5538 SW 28TH TERR** 82 Street Address (P.O. Box Number is Not Acceptable) **APT. 202** 83 FT LAUDERDALE FL 33312 Zip Code 84 85 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 indepthenance of Section 607.0505, Florida Statutes. Signature Type of Trinder rame to try seed day it were try pleadile (NOTE: Registered Agent signature required when rainstating) OFFICERS AND 2 COTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE THILE 1 1 TITLE ROSENBERG, OLGA 1 2 NAME NAME 5538 SW 28TH TERR 1.3 STREET ADDRESS STREET ADDRESS FT LADUEDALE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE ANDRADE, ALEXIS 2 2 NAME NAME P O BOX 816002 NA 23 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 31 TITLE ☐ Change TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-SY-ZIP DELETE Change Addition 51 TITLE TITLE NAME 52 NAME 53 STREFT ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing 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 initial 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:

FILED

Mar 19 1998 8:00am

Secretary of State

954 568 3944