**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

FILED
95 AUG -7 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000083901 (7)

1. Corporation Name
LITTLE LUXURIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2896 WATERFORD DRIVE SOUTH~~<br>~~DEERFIELD BEACH FL 33442~~ | ~~2896 WATERFORD DRIVE SOUTH~~<br>~~DEERFIELD BEACH FL 33442~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1993
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4231 NW 19 ST | 26 4231 NW 19 ST. |
| 22 Suite, Apt. #, etc. 262 | 27 Suite, Apt. #, etc. 262 |
| 23 City & State LAUDERHILL, FL | 28 City & State LAUDERHILL, FL |
| 24 Zip 33313 25 County USA | 29 Zip 33313 30 County USA. |

4. FEI Number: 65-0460944 ☐ 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

7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

ELLIS, F J
~~2896 WATERFORD DRIVE SOUTH~~ 2201 Bicknell Ave #64
~~DEERFIELD BEACH FL 33442~~ Miami, FL 33129

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 2201 Bicknell Ave.
83 APT. # 64
84 City Miami FL 85 Zip Code 33129

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DVS | 1 1 TITLE | ☒ Change ☐ Addition |
| NAME | ELLIS, F J | 1 2 NAME | SAME |
| STREET ADDRESS | ~~2896 WATERFORD DRIVE SOUTH~~ | 1 3 STREET ADDRESS | SAME |
| CITY-ST-ZIP | ~~DEERFIELD BEACH FL 33442~~ | 1 4 CITY-ST-ZIP | 2201 BICKELL AVE #64<br>MIAMI FL 33129 |
| TITLE | DPT | 2 1 TITLE | ☐ Change ☐ Addition |
| NAME | HAMMOND, LAURIE | 2 2 NAME | |
| STREET ADDRESS | 4231 NW 19TH ST., APT. 262 | 2 3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | 2 4 CITY-ST-ZIP | |
| TITLE | | 3 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3 2 NAME | |
| STREET ADDRESS | | 3 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3 4 CITY-ST-ZIP | |
| TITLE | | 4 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4 2 NAME | |
| STREET ADDRESS | | 4 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4 4 CITY-ST-ZIP | |
| TITLE | | 5 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5 2 NAME | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5 4 CITY-ST-ZIP | |
| TITLE | | 6 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6 4 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)(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: Laurie Hammond 7/31/95 305-733-8068
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0260368 CP