

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000005981 (3)**

1. Corporation Name

L.A.G. CREATIONS, INC.



Principal Place of Business

Mailing Address

**1084 NE 43RD STREET
OAKLAND FL 33334
US**

**1084 NE 43RD STREET
OAKLAND FL 33334
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **33334**

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASACCI, JOSEPH R. ESQ.
305 SE 18TH CT.
SUITE 850
FT. LAUDERDALE FL 33316**

81 Name

Debora K. Henderson, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

2121 S.W. 28 Way

83

Ft. Lauderdale, FL

84 City

Ft. Lauderdale,

FL

85 Zip Code

33312

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

Debora K. Henderson, CPA

Debora K. Henderson CPA

DATE

3/6/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DO**
STREET ADDRESS **ALVAREZ, MARIAELENA**
CITY - ST - ZIP **1084 NE 43RD STREET
OAKLAND FL**

1.1 TITLE **VP** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **DO**
STREET ADDRESS **ALVAREZ, GERARDO A**
CITY - ST - ZIP **1084 NE 43RD STREET
OAKLAND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **DO**
STREET ADDRESS **X DECO ROSS J. GRECO ROSS J.**
CITY - ST - ZIP **1084 NE 43RD STREET
OAKLAND FL**

3.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **DO**
STREET ADDRESS **GRECO, ANGELA**
CITY - ST - ZIP **1084 NE 43RD STREET
OAKLAND FL**

4.1 TITLE **P** ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4/24/96 *954-563-5337*

CR2E034 (12/95)