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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000019339

1. Corporation Name: CREATIVE FASHIONS INC.

Principal Place of Business / Mailing Address:
8209 N. PINE ISLAND Rd. #146
TAMARAC, FL. 33321

2. Principal Place of Business	2a. Mailing Address
21 8131 S.W. 10 CT.	26 8131 S.W. 10 CT
Suite, Apt. #, etc. 22 N. LAUDERDALE, FL	Suite, Apt. #, etc. 27 [redacted]
City & State 23 33068 USA	City & State 28 N.LAUDERDALE, FL
Zip 24 / Country 25	Zip 29 33068 / Country 30 USA

3. Date Incorporated or Qualified: 3-9-94
3a. Date of Last Report: 3-95
4. FEI Number: 65-0475258 ☐ 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:
WENDY L. KIENBUSCH
8131 S.W. 10 CT.
N. LAUDERDALE, FL
33068

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: Wendy L. Kienbusch WENDY KIENBUSCH 4-16-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: PTS / KIENBUSCH, WENDY / 8131 S.W. 10 CT / N. LAUDERDALE FL 33068	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☐ Addition: [redacted]
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition: 4-23-96 JR

CR2E034 (12/95)

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: X Wendy L. Kienbusch 4-16-96 (954) 720-5087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #
WENDY L. KIENBUSCH