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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000024599 (0)

DOCUMENT #

1. Corporation Name

C.M. CLISTOM RIBBONS & AWARDS CORPORATION

J.III. U						
Principal Place of Business Mailing Address					- THE END OF THE MENT BERN BERN BEING BEING BEING BEING BEING GAME (BIN (BE))	
69 N.E. 5 AVE. HIALEAH FL 33010		69 N.E. 5 AVE. Hialeah Fl 33010				
						3. Date Incorporated or Qualified
2. Principal Plac	ce cf Business	2a. Mailing Address				4. FEI Number Applied For
21		26	26			65-0484858 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Ζφ	—	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No
24	25 g. Name and Address of Curr	29 29 Agent	30	1		10. Name and Address of New Registered Agent
	9, Name and Address of Con	ent negistored Agent		81	Name	
	, M. BARBARA			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
2000 S. DIXIE HWY. SUITE 102				83		
	FL 33133			84	City	FL 85 Zip Code
or registere	o the provisions of Sections 607.0t ed agent, or both, in the State of F h, and accept the obligations of, S	orida. Such change was authorize	ea by the i	corpc	oration's board	ation submits this statement for the purpose of changing its registered office d of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered a	pent and title if applicable. (NO	TE: Registered	Agent	t signature required	d when reinstering! DATE
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.11	1. 1 TITLE		Change Addition
NAME	MURIAS, CECILIA			1.2 NAME		
STHEET ADDRESS	69 N.E. 5 AVE.				ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	☐ DELE É		.4 CITY-S1-ZIP		☐ Change ☐ Addition
TITLE		[] Dere r		2 NAME		
NAME					ADDRESS	
STREET ADDRESS				24 City-SI-ZiP		
CITY-ST-7IP TITLE		DELETE	3.1		' -	☐ Change ☐ Addition
NAME				IAME		
STREET ADDRESS		3		3.3. STREET ADDRESS		
CI:Y-ST-ZIP			3.4 0	CITY-S	1-ZIP	
TITLE	DELETE 4.1		TITLE		☐ Change ☐ Addition	
NAME			4.2 N	IAME		
STREET ADDRESS			4.3 8	TREET	ADDRESS	•
CITY-ST-ZIP			4 4 CITY - ST - Z		T-ZIP	
THLE		☐ DELETE	5 1	5 1 TITLE		Change Addition
NAME				IAME		
STREET ADDRESS	•				ADDRESS	
CITY-ST-ZIF		Finance		CITY-S	ST-ZIP	Change Add-tion
TULE				TITLE		Committee T Note 1000
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	122 10 11 10 12 10 10 10 10 10 10 10 10 10 10 10 10 10	and with this filing is valuatedly for	niched and	Ldoe	s not qualify for	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
14. I do hereb certify that	by certify that the information supplies tithe information indicated on this a	annual report or supplemental and	nual report	is tru	ue and accura	ate and that my signature shall have the same legal effect as if made under

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 it 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 549-6742
