

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000035804 (1)**
1. Corporation Name
H & L CREATIONS, INC.

Principal Place of Business Mailing Address
PO BOX 161208 MIAMI FL 33116-1208 **PO BOX 161208 MIAMI FL 33116-1208**

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|--|--|--|
| 3. Date Incorporated or Qualified 05/12/1994 | | 3a. Date of Last Report | |
| 4. FEI Number 165-0490135 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | | | | | | | |
|--------------------------------|--|---------|--|---------------------|--|---------|--|---|--|--|--|---|--|
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | 4. FEI Number | | | | Applied For | |
| 21 | | | | 26 | | | | 65-0490135 | | | | <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | | | 27 | | | | 6. Election Campaign Financing Trust Fund Contribution | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | | | City & State | | | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23 | | 28 | | 29 | | 30 | | | | | | | |
| Zip | | Country | | Zip | | Country | | | | | | | |
| 24 | | 25 | | 29 | | 30 | | | | | | | |

9. Name and Address of Current Registered Agent
**STERN, LORRIE
7601 SW 146TH AVE
MIAMI FL 33183**

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JANOWITZ, HANNA | 1.2 NAME | |
| STREET ADDRESS | 11301 SW 111TH ST | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33176 | 1.4 CITY - ST - ZIP | |
| TITLE | DV | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STERN, LORRIE | 2.2 NAME | |
| STREET ADDRESS | 7601 SW 146TH AVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33183 | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE: Lorrie Stern **2-27-95** **305-382-2272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #