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FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000064964 (7)

1. Corporation Name  
BUBBLES UNLIMITED INC.

Principal Place of Business

1921 S.W. 82ND PL.  
MIAMI FL 33155

MOVED

Mailing Address

1921 S.W. 82ND PL.  
MIAMI FL 33155-1211

MOVED

2. Principal Place of Business

21 2121 SW 97 COURT

Suite, Apt. #, etc.

22 N/A

City & State

23 MIAMI FLA

Zip

24 33165

Country

25 DADE

2a. Mailing Address

26 2121 SW 97 COURT

Suite, Apt. #, etc.

27 N/A

City & State

28 MIAMI FLA

Zip

29 33165

Country

30 DADE

3. Date Incorporated or Qualified

09/02/1994

3a. Date of Last Report

04/09/1996

4. FEI Number

65-0517148

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

TEJEDA, CARLOS

1921 S.W. 82ND PL.

MIAMI FL 33155

2121 SW. 97 CT.

MIAMI FLA 33165

10. Name and Address of New Registered Agent

81 Name

CARLOS A. TEJEDA

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

2121 SW 97 COURT

83

84 City

MIAMI

FL

85 Zip Code

33165

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME TEJEDA, CARLOS  
STREET ADDRESS 1921 S.W. 82ND PL.  
CITY - ST - ZIP MIAMI FL 33155

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME TEJEDA, CARLOS A.  
1.3 STREET ADDRESS 2121 SW. 97 COURT  
1.4 CITY - ST - ZIP MIAMI FL 33165

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carlos Tejeda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97 (305) 806-3355  
Date Daytime Phone #

CR2E034 (9/96)