SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P94000072532 (2)**

1. Corporation Name
MYSTICAL CREATIONS, INC.

Principal Place of Business	Mailing Address
~~4311 W. WATERS AVE., SUITE 600~~	~~4311 W. WATERS AVE., SUITE 600~~
TAMPA FL 33614	TAMPA FL 33614

4410 W. Hillsborough AVE STE N.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Ste N	26 4410 W. Hillsborough
Suite, Apt. #, etc. 22 TAMPA	Suite, Apt. #, etc. 27 STE N
City & State 23 FL.	City & State 28 Tampa, FL
Zip 24 33614 Country 25 Hillsborough	Zip 29 33614 Country 30 Hillsborough

3. Date Incorporated or Qualified: 09/29/1994

4. FEI Number: 59-3270878 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALDEZ, LOU ELLA 3905 FONTAINEBLEAU BLVD. TAMPA FL 33634	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☑ Addition
NAME	VALDEZ, LOU ELLA		1.2 NAME		
STREET ADDRESS	~~3905 FONTAINEBLEAU BLVD.~~		1.3 STREET ADDRESS	5106 Longboat Blvd.	
CITY-ST-ZIP	~~TAMPA FL 33614~~		1.4 CITY-ST-ZIP	Tampa Fla 33615	
TITLE	STD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	VALDEZ, ARMANDO		2.2 NAME		
STREET ADDRESS	~~3905 FONTAINEBLEAU BLVD.~~		2.3 STREET ADDRESS	5106 Longboat Blvd.	
CITY-ST-ZIP	~~TAMPA FL 33614~~		2.4 CITY-ST-ZIP	Tampa Fla. 33615	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

14. I 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: Lou Ella Valdez Lou Ella Valdez 7-3-98 813-872-8117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #