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PROFIT CORPORATION ANNUAL REPORT

1996

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

6/1/96 P95000002512 (8)

DOCUMENT # **P95000002512 (8)**

1. Corporation Name

MAUREEN & BARBARA'S CREATIVE COMFORTABLE CLOTHES , INC.

Principal Place of Business	Mailing Address
1775 W 39 PLACE HIALEAH FL 33012	1775 W 39 PLACE HIALEAH FL 33012

3. Date Incorporated or Qualified: 01/10/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1695 W 39 PLACE	26 1695 W 39 PLACE
Suite, Apt. #, etc. 22 UNIT E	Suite, Apt. #, etc. 27 UNIT E
City & State 23 HIALEAH FL	City & State 28 HIALEAH FL
Zip / Country 24 33012 / 25	Zip / Country 29 33012 / 30

4. FEI Number: 65-0551236 ☐ 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

GUTTMAN, MAUREEN
1775 W 39 PLACE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: MAUREEN GUTTMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1695 W 39 PLACE
83 UNIT E
84 City: HIALEAH FL 85 Zip Code: 33012

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: MAUREEN GUTTMAN — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required for new registration) — DATE: 4/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BARBARA BRUK 1775 W 39 PLACE HIALEAH FL 33012	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/T MAUREEN GUTTMAN 1695 W 39 PLACE UNIT E HIALEAH FL 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T ZAFRULLAH MERCHANT 1775 W 39 PLACE HIALEAH FL 33012	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V S TERI VALDES 1695 W 39 PLACE UNIT E HIALEAH FL 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
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

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: MAUREEN GUTTMAN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/30/96 — Daytime Phone Number: 305-819-8222