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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000011575 (4)**

1. Corporation Name
ORIGINAL CONCEPTS, INC.

Principal Place of Business	Mailing Address
~~4410 W 16TH AVE~~ ~~SUITE 55~~ ~~HIALEAH FL 33012~~	~~4001 SW 109 AVENUE~~ ~~DAVIE FL 33328-2208~~ ~~US~~

3. Date Incorporated or Qualified: 02/10/1995
3a. Date of Last Report: ~~06/14/1996~~

2. Principal Place of Business	2a. Mailing Address
21 3475 W. Flagler St.	26 3475 W. Flagler St.
Suite, Apt. #, etc. 22 2nd Floor	Suite, Apt. #, etc. 27 2nd Flr.
City & State 23 Miami, FL	City & State 28 Miami FL
Zip 24 33135 Country 25 USA	Zip 29 33135 Country 30 USA

4. FEI Number: ~~65-0554624~~ ☐ 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	10. Name and Address of New Registered Agent
VINAS, SARA L ~~4410 W 16TH AVE~~ ~~SUITE 55~~ ~~HIALEAH FL 33012~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3475 W. Flagler St 83 2nd 84 City Miami FL 85 Zip Code 33135

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	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	VINAS, SARA L		1.2 NAME		
STREET ADDRESS	4410 W 16TH AVE SUITE 55		1.3 STREET ADDRESS	3475 W. Flagler St.	
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP	Miami, FL 33135	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	VINAS, HECTOR R		2.2 NAME		
STREET ADDRESS	4410 W 16TH AVE SUITE 55		2.3 STREET ADDRESS	3475 W. FLAGLER ST.	
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP	Miami, FL 33135	
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 (9/96)

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: [signature] 4/7/97 3056440800x30
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0287542