SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CQF	PROFIT RPORATION JAL REPORT	FLORIDA DEPARTMI Sandra B. M. Secretary of DIVISION OF COR	ortham Stato	97 SEP 26 611 0:11		
<u> </u>	1997	projection of con-		1 64 64 9:11	!	
DOCUMENT # P95000028310 (7) 1. Corporation Name C & B NOVELTY TRADING, INC.				SECTO STATE STATE	1	
040	TOTEL TIME TO				"S Eki anija il a ni laras ekini ilali naki kopi	
Principal Plac	e of Business	Mailing Address		a indiibat kin idini disti daiti sakti ka	144 MBI IN 14001 10400 HIIDI TIDIL DOIH IDDI	
407 LINCOLN ROAD 407 LINCOLN ROAD						
SUITE 12-S MIAMI BEACH FL 33139		SUITE 12-S MIAMI BEACH FL 33139	MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	3a. Date of Last Report	
				04/10/1995	03/12/1996	
	Place of Rusiness 56 Street	2a. Mailing Address	56 Sheet	4. FEI Number	Applied For	
21 7208 NW 56 SMALE Suite, Apt. #, etc.		26 7208 NW 56 Smeet		APPLIED FUR 6	Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Mia		28 Miami, F	<u></u>	Trust Fund Contribution	Added to Fees	
Zip 38	Country	7(p = 3 1 / /)	Country	8. This corporation owes or has pa		
24 33		29 77/66 30		Personal Property Tax due June 10. Name and Address of New Re		
PEDALANDEZ INIAM						
407 LINCOLN ROAD 82 Street Addres WIAND REACH EL 23129			/iam FERNAN ess (P.O. Box Number is Not Acceptate			
			40 40	2 Lincoln Ro		
			83 54	LITE 706		
			84 City	1 0	85 Zip Code	
44 5	7.00	0074100 ft 15 00 4		1iami Beach	FL 33/39	
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 provision's world of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.						
-	m tamilar with, and accept the onliga Liliam FERNAN		Status	- //	07/16/97	
SIGNATURE	Signature, typed or printed same of registered ager	tand title it applicable (NOTE: Beg	iste d Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AND	the same of the sa	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE NAME	ELLIOTT, BLANCA L	☐ DELETE	1.1 TITLE 1.2 NAME		Change Addition	
STREET ADDRESS	7401 S.W. 161ST PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33193		1.4 CHY-ST-ZIP			
TITLE		DETELE	2.1 TOLE	and and a sum a sum a sum a sum a sum a	Change Addition	
NAME		j	2.2 NAME	400099 6 97	1-10HJB=+DIU =	
STREET ADDRESS		1	2.3 STREET ADORESS	米米米手上七	5.00 ****165.00	
CITY-ST-ZIP		Tourse	2 4 CI1Y - \$1 - ZIP		Change Addition	
TITLE		□ DELETE	3 1 TITLE 3 2 NAME		C Change C Accument	
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			
STRUT ADDRESS			4.3 STREET ADDRESS			
CITY: ST-ZIP TITL®		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME		, N/2	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY+ST-ZIP			5.4 CHY-ST-ZIP		400	
TITLE		l l	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
14. I do herel	t by certify that the information supplied		64 CITY-ST-ZIP the exemption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
14. I do hereby certify that the information supplied with this fling does not quality for the exemption stated in Section 19.07(3)(i). Florida Statutes. Flurther certify that the information indicated on this annual report or supplemental annual report is frue 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 champing, of our an affection with an address.						
	fficer or director of the comoration or	ing/receiver or trustee empowered	I to execute this report	as required by Chapter 607, Florida S	itatutes; and that my name	
appears i	flicer or director of the corporation or in Block 12 or Block 13 if changing of	the receiver or trustee empowered of an ariachment with an address 	to execute this report	as required by Chapter 607, Florida S	itatutes; and that my name	

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Miami, Aug-20-97

TO: Annual Reports
Division of Corporation
P.O.Box 6314
Tallahasse,Fl 32314

RE: Annual Corporate dues Document # P95000028310

Dear Ladies and Gentlemen:

Enclosed is check N^{o} 1391 for US\$ 165.00 to cover the cost of our annual dues. We never received our first report requiring this to be filed before May 1, 1997. Therefore, we request that the late penalties be abated.

Should you need to discuss this with our office please do not -- hesitate to contact us.

Sincerely,

Blanca Elliott

Owner