FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057629 (4)

FILED May 04 1998 8:00am Secretary of State

ALL CREATIONS BY JR INC. Principal Place of Business Mailing Address 9556 S.W. 137TH AVENUE 9556 S.W. 137TH AVENUE MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1995 2. Principal Place of Business 2a. Mailing Address Applied For 65-0599750 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Flection Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RIBON, JOHN R 731 N.W. 133RD AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33182** В3 City Zip Code 11. Pursuant to the provisions of Sections 607 05/02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bolb, in the State of Horida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of regulated agent and title it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE NAME RIBON, JOHN R 1,2 NAME 731 N.W. 133RD AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33182 CITY-ST-7IP 1.4 CiTY-ST-7IP Change DELETE 2.1 TITLE Addition 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 111LE TITLE 3.2 NAMÉ 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition 41 1011 TITLE 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 amount report is 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 amount 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 conformation in 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 chambed, or on an attachment with an address.

SIGNATURE:

**Total **Interval **Inter