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 # P95000064194 (0)

DOLLS BY INSPIRATION INC.

FILED Mar 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				4 I EEGINDEN IIIN SAIDE DIVIN OBSIIN ODINI DOSAK DUNIU BA	F# 01001 11010 10111 0101 1201
1170 BRISTOL AVE 1170 BRISTOL AVE					
DAVIE FL 33325 DAVIE FL 33325					
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2n Mailing Address A		08/17/1995	
1770	1-1251 870 201	2a. Mailing Address	SIN Aven	4. FEI Number	Applied For
Suite Ant	1 - 174 - 1 14el.	26 / / / / / / Suite, Abt. #, etc.	2/01/11/5		Not Applicable
22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Gity & State () 1 City & State .				6. Election Campaign Financing	
23 HO 1/1	UWDON TI	28 DAILLE	41	Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _D	Country	Zip 2	Country	8. This corporation owes or has paid the cu	
24 226	25 BROWARD	-29 333 LS	90 BA	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	10. Name and Address of New Registered	Agent		
TORO-ROSAS, LOURDES 81 Name					
1170 BRISTOL AVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
DAVIE FL 33325			52 5000170	durasa (F.O. BOX Humber is 1401 Acceptable)	
]			83		
}	•		84 City		lee 7: Oads
	j		[] ***	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-parted corporation submits this statement for the pursose of changing its registared.					
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 Socion 607.0505, Florida Statutes.					
SIGNATURE 2014 Clas 1040 - Rosas Profes Porting 3-8-98					
Site alims tryind to printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required with					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D TODO DOGAS LOUDDES	☐ DELETE	1.1 TITLE		Change Addition
NAME	TORO-ROSAS, LOURDES		1.2 NAME		
STREET ADDRESS	1170 BRISTOL AVE DAVIE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DAVIE PL	DELETE	1.4 CITY - ST - ZIP		T 61
NAME	ROSAS-FLORES, JOAQUIN	☐ occeit	2.1 TITLE	en e	☐ Change ☐ Addition
''''	1170 BRISTOL AVE		2.2 NAME		
STREET ADDRESS	DAVIE FL 33325		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DAVIE FL 33323	DELETE	2. 4 CITY - ST - ZIP		01
NAME			3.1 THILE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME \		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		- Decert	4. 2 NAME		Change LI Modition
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		Other	5.2 NAME		_ change Auditions
STREET ADDRESS			5.3 STREET ADDRESS		オン ー
CITY-ST-ZIP			1		~)34[1]
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		vection	6.2 NAME	200024522	_
STREET ADDRESS			6.3 STREET ADDRESS	20000245936 -03/17/980104103	32
CITY-ST-ZIP			, ,	***150.00	,,,
	artify that the information cumplied with	this filing does not qualify for	6.4 CITY-ST-ZIP		24 0 44 4

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: Junder Translation Follows Ellisted Stee Translation 3/6/54-963-