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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067186 (3)

CREATIONS BY BIRD, INC.

Principal Place of Business

6831 SOUTHWEST 147TH AVENUE, #3-B MIAM! FL 33193 Mailing Address

6831 SOUTHWEST 147TH AVENUE. #3-B MIAMI FL 33183-1009

FILED Apr 30 1997 8:00am Secretary of State



	-	***************************************							
						3. Date Incorporated or Qualified 08/30/1995	3a. Dat 04/2	e of Last 19/1996	Report
	lace of Business	 -1	ing Address			4. FEI Number			Applied For
21	4 -1-	26				65-0615699			Not Applicable
Suite, Apt.	₩, ĐIC.	⊢ ¬	e, Apt. #, etc.			5. Certificate of Status Desired			Additional
22 City & State		27	P. Ctoto						Required
23	3	— — ·	& State			6. Election Campaign Financing	r		0 May Be
Zlp	Country	28 Z _{ID}		Count		Trust Fund Contribution	LJ		d to Fees
24	25	29		30	y	This corporation has liability for it Florida Statutes		ax under No	rs. 199.032,
24]	9. Name and Address of Curr		Agent	1301		10. Name and Address of New Reg			
LFF	. STEVEN P			В	Name	10, 114.110 414 114.1103	JIDIOTOU A	90111	
	OCORAL WAY			<u></u>					
	TE 502			8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	MI FL 33145			8:	3				
				L					
				8	4 City		FL	85 Zij	p Code
11. Pursuant t	to the provisions of Sections 607 Of	502 and 607 150	08 Florida Statut	tos the abo	n named cor	poration submits this statement for the p			
office or re	egistered agent, or both, in the Sta	te of Florida Su	ich change was	authorized b	by the corpora	ation's board of directors. I hereby accep	t the appo	onanging Intment a	j its registered as registered
	ra ramiliar with, and accept the obl	igations of, Sect	iian 607.0505, Fl	orida Statuti	es.				
SIGNATURE	Signature typed or printed name of registered a	agent and title it applic	able (NC)	If : Etomisto: ad A	and simplers requ	irad when reinstating)	DATE		
12.		ND DIRECTORS		13.	gon agnasie rego	ADDITIONS/CHANGES TO OFFIC		DIRECTO	OBS IN 12
TITLE	D		DELETE	1.1 TITLE				Change	
NAME	BIRD, MARIA ROSA			1.2 NAME			•		
STREET ADDRESS	6831 S.W. 147TH AVENUE,	#3B			T ADDRESS				
CITY-ST-ZIP	MIAM! FL 33193			1.4 CITY-					
TITLE			DELETE	2.1 DILE	<u> </u>			Change	e Addition
NAME				2.2 NAME			•		
STREET ADDRESS				2.3 S18F	T ADDRESS				
CITY-ST-ZIP				2. 4 CITY					
TITLE			DELETE	3.1 TITLE	01-21			Change	e 🔲 Addition
NAME				3.2 NAME			-		
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP				3.4. CITY					
TITLE			☐ DELETE	4.1 TITLE	<u> </u>		Т	Change	Addition
NAME				4. 2 NAM			_		
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP				4.4 CITY-					
TITLE			DELETE	5.1 TITLE	01-211			Change	Addition
NAME				5.2 NAME			L	T cuante	Addition
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP					1				
TITLE			DELETE	54 CITY- 61 TITLE	SI-ZIP			Change	Addition
NAME			L. DELLIE				L	∩ श्रक्षाधु <u>е</u>	L.J Addition
				62 NAME					
STREET ADDRESS					1 ADDRESS				
CATY-ST-ZIP				6.4 CITY -	S1-ZIP				

4. 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 eath, 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.

CIONATURE.