FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000081046 (1)**

1. Corporation Name

FANTASTIC PRODUCTS, INC.

Principal Place of Business

2193 NW 20TH STREET
MIAMI FL 33142

Mailing Address

2193 NW 20TH STREET
MIAMI FL 33142

3. Date Incorporated or Qualified: **10/19/1995**

3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0625529 ☐ 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

GRATEROL, LUIS
829 NE 199TH STREET
STE 201
NO. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GRATEROL, LUIS**
STREET ADDRESS **829 NE 199TH STREET STE 201**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33179**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

21.1 TITLE ☐ Change ☐ Addition
21.2 NAME
21.3 STREET ADDRESS
21.4 CITY-ST-ZIP

31.1 TITLE ☐ Change ☐ Addition
31.2 NAME
31.3 STREET ADDRESS
31.4 CITY-ST-ZIP

41.1 TITLE ☐ Change ☐ Addition
41.2 NAME
41.3 STREET ADDRESS
41.4 CITY-ST-ZIP

51.1 TITLE ☐ Change ☐ Addition
51.2 NAME
51.3 STREET ADDRESS
51.4 CITY-ST-ZIP

61.1 TITLE ☐ Change ☐ Addition
61.2 NAME
61.3 STREET ADDRESS
61.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report is true, complete and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: Luis A Grateról DIRECTOR 04.26.96 3055950009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

CR2E034 (12/95)