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 # P95000089921 (7)

TWO CRAFTY LADIES, INC.

FILED May 12 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				T DERKEDDE TIM TOTAL BUTCH BOTH BOTH BOTH BOTH BOTH TOTAL STATE THAT SHALL SHALL SHALL		
14871 S.W. 150 STREET MIAMI FL 33108		14871 S.W. 150 STREET MIAMI FL 33196-2371						
					3. Date Incorporated or Qualified 11/22/1995	3a. Date of L 11/04/19		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26					Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	sired \$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	itry	8. This corporation has liability for	intangible tax un	dor s. 199.032,	
24	25	29	30			Yes No		
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Re	gistered Agent		
TUC	CKFIELD, ILENE F ESQ.			81 Name				
12720 S.W. 147 STREET					Street Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33186							
			[1	B3				
			},	B4 City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508. Florida Stati	utes, the ab	ove-named o	corporation submits this statement for the		ing its registered	
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	s authorized Florida Statu	by the corpores	oration's board of directors. I hereby acce	ot the appointme	nt as registered	
SIGNATURE	Signature, typed or printed name of registered ago	and and tills II angle also (NE	11C: Depeterari	Agent cignature s	required when reinstating)	DATE		
12.	OFFICERS AN		13.	rigoni digitatoro	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	D	DELETE	1.1 TITO	.E		Ch.		
NAME	LOPEZ, MERCEDES		1.2 NAM	AT	ALT, MERCEDES			
STREET ADDRESS	14871 S.W. 150 STREET	•	1.3 STR	LET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33196		1.4 C(1)	Y-ST-ZIP				
TITLE	D	₩ ,DELETE	21 181	.E		☐ Ch	ange 🔲 Addition	
NAME :	MEDINA-PEREZ, TERRY L		2.2 NA	AE				
STREET ADDRESS	14871 S.W. 150 STREET		2.3 S1R	EE1 ADDRESS				
CITY-ST-ZIP	MIAMI FL 33198		2. 4 CIT	Y - S1 - ZIP				
TITLE		☐ DELETE	3.1 1(1)	.€		Ch	ange Addilion	
NAME			3.2 NAM	AE				
STREET ADDRESS	l		3.3 STR	EET ADDRESS				
CITY-ST-ZIP				Y-S1-7IP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	417)((1		∟ Ch	ange [] Addition	
NAME			4. 2 NA					
Street address				EET ADDRESS				
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TITLE		DELETE	5.1 717	1		Ch	ange 🔲 Addition	
NAME			5.2 NA	1				
STREET ADDRESS	Į.		. L	EET ADORESS				
CITY-ST-ZIP		DELETE		Y-\$1-2IP		T1.64	2000	
TITLE	İ	□] DELETE	6.1 117	1		□ Ch	ange [_] Addition	
NAME			6.2 NAM	1				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	1		■ 64 DiT	Y-ST-ZIP				

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, grid on an attachment with an address.

CIONIATION.

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0/11/97
