

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90054 011 ***150.00

DOCUMENT # P96000008661

1. Corporation Name

ANN MARCOS CREATIONS, INC.

Principal Place of Business

10744 NORTH KENDALL DRIVE
SUITE M-13
MIAMI FL 33176

Mailing Address

10744 NORTH KENDALL DRIVE
SUITE M-13
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

65-0635568

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 15521 SW 164 ST

Suite, Apt. #, etc.

22 Miami FL

City & State

23 33187

Zip

Country

24

2a. Mailing Address

26 15521 SW 164 ST

Suite, Apt. #, etc.

27 Miami FL

City & State

28 33187

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NORIEGA, ANA
10744 NORTH KENDALL DRIVE
SUITE M-13
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

Noriega, Ana

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

15521 SW 164 ST

83

Miami FL 33187

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME POLANCOI, MARCOS
STREET ADDRESS 10744 SW 88TH ST APTO H-13
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE
NAME NORIEGA, ANA
STREET ADDRESS 15521 SW164TH ST
CITY-ST-ZIP MIAMI FL

TITLE VP ☒ DELETE
NAME CEREMO, JOE
STREET ADDRESS 7985 SW 86TH ST APT 432
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE P ☐ Change ☐ Addition
1.2 NAME NORIEGA, ANA
1.3 STREET ADDRESS 15521 SW 164 ST
1.4 CITY-ST-ZIP Miami FL 33187

2.1 TITLE VP ☐ Change ☐ Addition
2.2 NAME Noriega, Cristian
2.3 STREET ADDRESS 15521 SW 164 ST
2.4 CITY-ST-ZIP Miami FL 33187

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

Date

(305) 378-8109
(305) 613-2432
Daytime Phone #

CR2E034 (11/98)

0255219