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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000030437 (3)

SUPREME CREATIONS INC.

Principal Place of Business Mailing Address 9783 N.W. 49TH TERRACE 9783 N.W. 49TH TERRACE MIAMI FL 33178 MIAM! FL 33178-1996 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Z_Ip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes] Yes □ No 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PEREZ, RIGOBERTO A 9783 N.W. 49TH TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33178** 83 64 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or a stitled hame of registered agent and fit a if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 (96/6) 12. DELETE 1.1 THLE Change Addition THEFE PEREZ, RIGOBERTO A NAME 1.2 NAME 9783 N.W. 49TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33178** 1.4 CITY-ST-ZIP CHY - ST - ZIP DELETE Change Addition Tille 21 TITLE FRANCIS, THOMAS J 22 NAME 1180 N.W. 77TH AVE. 2.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33322** 2.4 CITY - ST - ZIP CHY-ST-ZIE DELETE Change Addition 3.1 TITLE TIME 3.2 NAME MAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP C11Y - \$1 - 2IP DELETE Addition Change THUE 4.1 DILE 4. 2 NAME 1.4ME 4.3 STREET ADDRESS STREET ACIDITIESS 44 CITY-ST-ZIP CHY-S1-7 P DELETE Addition 5.1 TITLE Litté NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS C!D - S? 7/8 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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

SIGNATURE:

305-899-1672

Daytime Phone #

FILED

Apr 23 1997 8:00am

Secretary of State