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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039492 (9)

THINGS FROM THE PAST, INC.

FILED
May 08 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address			
·	Malling Address			
7174 SW 117 AVE MIAMI FL 33183 US	9783 SUNSET DR. MIAMI FL 33173		DO NOT WRITE IN THIS 3. Date incorporated or Qualified	S SPACE
			05/08/1996	
2. Principal Place of Business	2a, Mailing Address	<u> </u>	4. FEI Number	Applied For
n	26 7174 SW (17 /	4ve	65-0720909	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	28 Mia TP		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	29 33183 30 4	Dade	 This corporation owes or has paid the c Personal Property Tax due June 30. 	Yes No
g, Name and Address of Cur	rent Registered Agent	1	10. Name and Address of New Registered	i Agent
TUNE, CARMEN 8304 SW 168 TERR		81 Name		-
MIAMI FL 33157		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
mann I & Golde		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.	0502 and 607, 1508, Florida Statutes, the	above-named corp	poration submits this statement for the purpose	of changing its registered

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			
		NOTE Registered Agent signature require	•
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	Change Addition
NAME	TUNE, CARMEN	1.2 NAME	
STREET ADDRESS	8304 SW 168 TER.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2. 4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4. CITY - ST - ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
HAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	•	5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
0.774 07 740		4 - 5 - 7 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	

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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachnique with an address.

SIGNATURE: 4/20/98 /35 275-808

CR2E034 (10/97)