

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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000053973 (9)**

1. Corporation Name  
**DREAM SHOP CORP.**



Principal Place of Business  
**1826 SW 21 ST.  
 MIAMI FL 33145**

Mailing Address  
**1826 SW 21 ST.  
 MIAMI FL 33145**

3. Date Incorporated or Qualified **06/25/1996** 3a. Date of Last Report  
 4. FEI Number **65-0679340** 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

2. Principal Place of Business 2a. Mailing Address  
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
 22. City & State 27. City & State  
 23. Zip Country 28. Zip Country  
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**MENENDEZ, RENATA C  
 1826 SW 21 ST.  
 MIAMI FL 33145**

10. Name and Address of New Registered Agent  
 81. Name **SAME**  
 82. Street Address (P.O. Box Number is Not Acceptable) **1800 SW 21 ST**  
 83. **SAME**  
 84. City **SAME** FL 85. Zip Code **SAME**

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: *Sandra B. Mortham* (signed by mistake) (keep same agent) DATE: **4/20/97**

| 12. OFFICERS AND DIRECTORS |                    | DELETE                   |
|----------------------------|--------------------|--------------------------|
| TITLE                      | DP                 | <input type="checkbox"/> |
| NAME                       | MENENDEZ, RENATA C |                          |
| STREET ADDRESS             | 1826 SW 21 ST.     |                          |
| CITY-ST-ZIP                | MIAMI FL 33145     |                          |
| TITLE                      | DV                 | <input type="checkbox"/> |
| NAME                       | MENENDEZ, LUIS A   |                          |
| STREET ADDRESS             | 1826 SW 21 ST.     |                          |
| CITY-ST-ZIP                | MIAMI FL 33145     |                          |
| TITLE                      | DS                 | <input type="checkbox"/> |
| NAME                       | MENENDEZ, ALFREDO  |                          |
| STREET ADDRESS             | 1826 SW 21 ST.     |                          |
| CITY-ST-ZIP                | MIAMI FL 33145     |                          |
| TITLE                      |                    | <input type="checkbox"/> |
| NAME                       |                    |                          |
| STREET ADDRESS             |                    |                          |
| CITY-ST-ZIP                |                    |                          |
| TITLE                      |                    | <input type="checkbox"/> |
| NAME                       |                    |                          |
| STREET ADDRESS             |                    |                          |
| CITY-ST-ZIP                |                    |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |               | Change                              | Addition                 |
|---|---------------|-------------------------------------|--------------------------|
| 1.1 TITLE   |               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  | 1800 SW 21 ST |                                     |                          |
| 1.3 STREET ADDRESS                                    | MIA FL 33145  |                                     |                          |
| 1.4 CITY-ST-ZIP                                       |               |                                     |                          |
| 2.1 TITLE   |               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  | 1800 SW 21 ST |                                     |                          |
| 2.3 STREET ADDRESS                                    | MIA FL 33145  |                                     |                          |
| 2.4 CITY-ST-ZIP                                       |               |                                     |                          |
| 3.1 TITLE   |               | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.2 NAME  |               |                                     |                          |
| 3.3 STREET ADDRESS                                    |               |                                     |                          |
| 3.4 CITY-ST-ZIP                                       |               |                                     |                          |
| 4.1 TITLE   |               | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.2 NAME  |               |                                     |                          |
| 4.3 STREET ADDRESS                                    |               |                                     |                          |
| 4.4 CITY-ST-ZIP                                       |               |                                     |                          |
| 5.1 TITLE   |               | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.2 NAME  |               |                                     |                          |
| 5.3 STREET ADDRESS                                    |               |                                     |                          |
| 5.4 CITY-ST-ZIP                                       |               |                                     |                          |
| 6.1 TITLE   |               | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.2 NAME  |               |                                     |                          |
| 6.3 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* DATE: **4/20/97**

CR2E034 (9/96)