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FILED

Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057479 (3)

1. Corporation Name

EXOTICA DESIGNS, INC.

Principal Place of Business

1541 LUGO AVENUE  
CORAL GABLES FL 33156

Mailing Address

1541 LUGO AVENUE  
CORAL GABLES FL 33156

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

CORPCO, INC.  
2099 SOUTH BAYSHORE DRIVE  
7TH FLOOR  
MIAMI FL 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being the officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished in this report is true and accurate, and that 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 NAME STREET ADDRESS CITY-ST-ZIP

P  
STREET, KAAREN J  
1541 LUGO AVE  
CORAL GABLES FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP  
STREET, THEODORE C  
1541 LUGO AVE  
CORAL GABLES FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
JOHNSON, NAILAH  
1541 LUGO AVE  
CORAL GABLES FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1996

4. FEI Number

65-0684341

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

I, the undersigned, being the officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished in this report is true and accurate, and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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.

SIGNATURE:

*Karen Johnson*

4/14/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0218070

CR2E034 (10/97)