

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

FILED
Apr 24 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000063195 (7)
1. Corporation Name
INNOVATIVE TRENDS, INC.

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| Principal Place of Business 120 NW 163RD STREET MIAMI FL 33169 | Mailing Address 120 NW 163RD STREET MIAMI FL 33169 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business 21 2128 NE 123RD ST Suite, Apt. #, etc. 22 City & State N. Miami FL 23 Zip 33181 24 Country Dade | | 2a. Mailing Address 26 2145 NE 123RD ST Suite, Apt. #, etc. 27 City & State N. Miami FL 28 Zip 33181 29 Country | | 3. Date Incorporated or Qualified 07/26/1996 | |
| 4. FEI Number 65-0694252 | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$8.75 Additional Fee Required \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent ALI, CATHERINE R 120 NW 163RD STREET MIAMI FL 33169 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2145 NE 123RD ST. 83 84 City N. Miami FL 85 Zip Code 33181 | |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RANCE, MICHAEL | 1.2 NAME | |
| STREET ADDRESS | 120 NW 163RD ST | 1.3 STREET ADDRESS | 2145 NE 124th ST. |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | N. Miami FL 33181 |
| TITLE | ST | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALI, CATHERINE R | 2.2 NAME | |
| STREET ADDRESS | 120 NW 163RD ST. | 2.3 STREET ADDRESS | 2145 NE 124th ST |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | N. Miami FL 33181 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE:

Catherine R. Ali

4/15/98 305-895-2822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1237139

CR2E034 (10/97)