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Apr 28 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 # P96000067861 (0)

1. Corporation Name  
TREASURED MOMENTS, INC.



Principal Place of Business  
334 MINORCA AVE., STE. 200  
CORAL GABLES FL 33134

Mailing Address  
334 MINORCA AVE., STE. 200  
CORAL GABLES FL 33134-4304

3. Date Incorporated or Qualified 08/12/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 118 Malva Court Suite, Apt. #, etc.	26 118 Malva Court Suite, Apt. #, etc.
22 City & State 23 Coral Gables, FL	27 City & State 28 Coral Gables, FL
24 Zip 33143 25 Country USA	29 Zip 33143 30 Country USA

9. Name and Address of Current Registered Agent BRIDGES, ROGER A 334 MINORCA AVE., STE. 200 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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	0- BRIDGES, ROGER A <input type="checkbox"/> DELETE	1.1 TITLE	1 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGES, ROGER A	1.2 NAME	
STREET ADDRESS	334 MINORCA AVE., STE. 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SILVIA M. HERNANDEZ
STREET ADDRESS		2.3 STREET ADDRESS	5727 Michelangelo St
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice-President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Miguel Angel YANIZ
STREET ADDRESS		3.3 STREET ADDRESS	5727 Michelangelo St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 \_\_\_\_\_ (305) 1114-57 169-9746

CR2E034 (9/96)