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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98

DOCUMENT # P96000081473 (6)

D	NOTIONS & TRIMMING I		·····								
Principal Place		Mailing Address				Ì	*******				
1.2.7			N.W. 71 ST								
#B MIAMI FL 33147		MIAMI FL 33147	# ·			DO NOT WRITE IN THIS SPACE					
US		US				3. Dat	e Incorporated	d or Qualified	i i		
						10	/02/ <u>1996</u>				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI	Number			- 12	Applied For
21	4 .4.	26					<u></u>				lot Applicable
Suite, Apt. i	#, U C.	Suite, Apt. #, etc	•			5. Cer	tificate of State	us Desired			Additional Required
22 City & State)	City & State				6 Fled	ction Campaig	n Financina			May Be
23	-	28					st Fund Contril				to Fees
Zip	Country	Zip	Coun	try		8. This	corporation of	wes or has	paid the cu	urrent year li	ntangible
24	25	29	30				sonal Property				□ No
	9, Name and Address of Cur	rrent Registered Agent		31 N		10, Na	ne and Addre	ess of New I	Registered	Agent	
	S, JOSE R		ļ°	' ' ''	ame						
	130 NW 10TH STREET		Ε	32 S	reet Addr	ress (P.O. I	Box Number is	Not Accept	able)		
PEN	MBROKE PINES FL 33029		و ا	13							
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			E	34 C	ity				FL	B5 Zip	Code
11. Pürsuant k	o the provisions of Sections 607.0	0502 and 607.1508. Florida S	itatutes, the abo	 ove-na	med corr	noration sul	omits this state	ement for the	purpose i	of changing	its registered
office or re	egi ster ed agent, or both, in the St in f am iliar with, and accept the ob	ate of Florida. Such change v	was authorized	by the	corporat	tion's board	of directors.	I hereby acc	ept the ap	pointment a	s registered
			E Florido Ctatud	100							
-	n ramingr with, and accept the ob	digations of, Section 607.050	5, Florida Statut	les.							
SIGNATURE	Signature, typical or printed name of registered		5, Florida Statut						DATE		
SIGNATURE	Si gnature , typed or printed name of registered	Ingent and fille if applicable. AND DIRECTORS	(NOTE: Ringistered /			ired when reinst			DATE	ID DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS /	I agent and little if applicable.	(NOTE: Ringistered /	Agent si		ired when reinst	ating)		DATE		RS IN 12
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Secretary of State