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

PROFIT CORPORATION ANNUAL REPORT

1998

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TA SALE

Suite, Apt. #, etc

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000097385 (4)

BUCKETS OF LOVE, INC.

Principal Place of Business		Mailing Address	
0744-SW 193-S T Miami-FL 0017 6	8441 SN 132 STREET MIAMI, FL 33156	8744 SW-193 ST MIAMI FL-33170	BYY! 30.132.57. MYM! LF 35150
2. Principal Place	of Business	2a. Mailing Address	

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Suite, Apt. #, etc.

City & State

FILED Apr 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1996 4. FEI Number Applied For 65-0725528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No

Zip Zip Country Country 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOLZBERG, DEBRA G 13501 SW 74 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 83 City 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 characteristics.

office or re agent. I ar	egistered agent, or both, in the State of Florida. Such char m familiar with, and accept the obligations of, Section 607.	nge was auth .0505, Florida	orized by the corporate of the corporate	oration's board of directors. I hereby accept the appointment	as registered		
SIGNATURE							
	Bignature, typed or printed name of registered agent and title if applicable	(NOTE Re	gistered Agent signature r	 			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	ELETE	1.1 TITLE	☐ Chan	ge 🔲 Addition		
NAME	Holzberg, Debbie		1.2 NAME				
STREET ADDRESS	13501 SW 74 AVE		1.3 STREET ADDRESS				
CITY-\$T-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP				
TITLE	DI	ELETE	2.1 TITLE	☐ Chan	ge 🔲 Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS	A Committee of the Comm			
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE	DE	ELETE	3.1 TITLE	☐ Chan	ge 🔲 Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	☐ DE	ELETE	4.1 TITLE	Chan	ge 🔲 Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 DITY-ST-ZIP				
TITLE	☐ DE	ELETE	5.1 TITLE	☐ Chan	ge Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	DE	ELETE	6.1 TITLE	☐ Chan	ge 🔲 Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6 4 CITY - ST - 7IP				

hereby certify that the information supplied with this filing does not qualify of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

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