

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000023380

1. Corporation Name  
CUSTOM CONCEPTS OF MIAMI, INC.

Principal Place of Business  
8301 NW 27 AVE  
MIAMI FL 33147

Mailing Address  
8301 NW 27 AVE  
MIAMI FL 33147

FILED

99 NOV 15 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5/16/99 90034 006 \$150.00  
DO NOT WRITE IN THIS SPACE

|                                                                                                                                                    |                                |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|
| 3. Date incorporated or Qualified<br>03/11/1998                                                                                                    | 4. FBI Number<br>65-0857468    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                          | \$8.75 Additional Fee Required |                               |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                 | \$5.00 May Be Added to Fees    |                               |
| 8. This corporation owes the current year intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                               |

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERERA, ANGEL  
8301 NW 27 AVE  
MIAMI FL 33147

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.                                                    |              |
| 84. City                                               | FL           |

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 607.0506, Florida Statutes.

SIGNATURE

Signature of agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                |                |                                 |
|----------------|----------------|---------------------------------|
| TITLE          | D              | <input type="checkbox"/> DELETE |
| NAME           | GUERERA, ANGEL |                                 |
| STREET ADDRESS | 8301 NW 27 AVE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33147 |                                 |
| TITLE          | D              | <input type="checkbox"/> DELETE |
| NAME           | BETTAN, RAFAEL |                                 |
| STREET ADDRESS | 8301 NW 27 AVE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33147 |                                 |
| TITLE          |                | <input type="checkbox"/> DELETE |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |
| TITLE          |                | <input type="checkbox"/> DELETE |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |
| TITLE          |                | <input type="checkbox"/> DELETE |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 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, with all other filers empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

(305) 694-8915

CR2034 (11/98)