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**

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90024 008 ***150.00

DOCUMENT # P99000000263

SHEILA'S CREATIONS INC.						
	142.					
Principal Place of Business Mailing Address						
20735 SW 120 COURT 20735 SW 120 COURT						
MIAMI FL 33177		MIAMI FL 33177				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 12/31/1998
2. Principal Place of Business 2a. Mailing Address			iress			4. FEI Number Applied For
21	26					
			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & Stat	State City & State					6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	′	8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agen		81	Name	10. Name and Address of New Registered Agent
DADT	EE, SHEILA			"	IVallie	
20735 SW 120 COURT				82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33177				83		
MILAN	11 1 2 33 177			03	'	
				84	' '	FL 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 of both, if 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 fair plan with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.		AND DIRECTORS	I	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TITLE		☐ Change ☐ Addition	
NAME .			1.2 NAME			
STREET ADDRESS			1.3 STREE	T ADDRESS		
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP		
TITLE			2.1 TITLE		☐ Change ☐ Addition	
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREE	TADDRESS	
CITY-ST-ZIP				2. 4 CITY-5	ST-ZIP	
TITLE	DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME				3.2 NAME		
STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	3.3 STREE	TADDRESS	
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP	
TITLE			4.1 TITLÉ		☐ Change ☐ Addition	
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREE	TADORESS	
CITY-ST-ZIP		•		4.4 CITY- S	ST-ZIP	
TITLE			DELETE	5.1 TITLE		. Change Addition

6.4 CITY-ST-ZIP 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if change

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

☐ DELETE

Change

Addition