

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:51

DOCUMENT # **S03778**

(5)

1. Corporation Name

CREATIONS BY NELCY, INC.

Principal Place of Business

**8119 NW 60 STREET
MIAMI FL 33166-3414**

Mailing Address

**367 W. 17TH ST.
HALEAH FL 33010
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1990

3a. Date of Last Report

03/15/1994

2. Principal Place of Business

21. **367 W 17TH ST.**

2a. Mailing Address

26. Suite, Apt. #, etc

22. Suite, Apt. #, etc

27. Suite, Apt. #, etc

23. City & State

HALEAH FL

28. City & State

HALEAH FL

24. Zip

33010

Country

US

29. Zip

33010

Country

US

4. FEI Number

65-0222218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DIAZ, NELCY
367 WEST 17 ST.
HALEAH FL 33010**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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, 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

(NOTE: Registered Agent signature required when membership is changed.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PS	DIAZ, NELCY	367 W 17 ST.	HALEAH FL
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP
21 TITLE <td>22 NAME</td> <td>23 STREET ADDRESS</td> <td>24 CITY, ST, ZIP</td>	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (1)(b)(8), 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. 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:

Nelcy Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR
NELCY DIAZ

3/8/95

(305) 887-7297