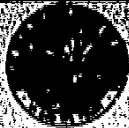


**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 12 AM 8:48

DOCUMENT # S06100 (9)

1. Corporation Name

PAPILLON CREATIONS, INC.

Principal Place of Business

**PAPILLON CREATIONS INC
2517 SE HEMMING
PORT ST LUCIE FL 34984
US**

Mailing Address

**% PAPILLON CREATIONS INC
2517 SE HEMMING ST
PORT ST LUCIE FL 34984
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1990

3a. Date of Last Report

08/05/1994

4. FEI Number

65-0219726

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 USC, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 114 So. H. ST

2a. Mailing Address

26 114 So. H. ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKE WORTH, FL

City & State

28 LAKE WORTH, FL

Zip

24 33460

Country

25 FLORIDA

Zip

29 33460

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

**GEORGE, CHARLES
4800 LEJEUNE ROAD
CORAL GABLES FL 33148**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BATEMAN, SANDRA
STREET ADDRESS	16401 SW 142ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	VS
NAME	GEORGE, CHARLES
STREET ADDRESS	4800 LE JEUNE RD.
CITY - ST - ZIP	CORAL GABLES FL
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	PT	☒ Change ☐ Addition
12 NAME	BATEMAN, SANDRA	
13 STREET ADDRESS	2517 HEMMING SE	
14 CITY - ST - ZIP	PORT ST. LUCIE, FL. 34984	
21 TITLE	VS	☒ Change ☐ Addition
22 NAME	FOLSON, MARVIN	
23 STREET ADDRESS	114 So. H. ST.	
24 CITY - ST - ZIP	LAKE WORTH, FL. 33460	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Sandra L. Bateman

DATE

6-6-95 407547-200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR