PROFIT CORPORATION ANNUAL REPORT
1995

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

$8.75
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	Mailing Address
PAPILLON CREATIONS INC 2517 SE HEMSING PORT ST LUCIE FL 34984 US	% PAPILLON CREATIONS INC 2517 SE HEMSING 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: 06/05/1994

2. Principal Place of Business	2a. Mailing Address
21 114 So. H. ST	26 114 So. H. ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LAKE WORTH, FL	28 City & State: LAKE WORTH, FL
24 Zip: 33460 25 Country: PALM BEACH	29 Zip: 33460 30 Country: PALM BEACH

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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GEORGE, CHARLES
4800 LEJEUNE ROAD
CORAL GABLES FL 33146

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	PT	☒ Change ☐ Addition
NAME	BATEMAN, SANDRA	12 NAME	BATEMAN, SANDRA	
STREET ADDRESS	16401 SW 142ND AVE.	13 STREET ADDRESS	2517 HEMSING SE	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	P.ST. LUCIE, FL. 34984	
TITLE	VS	21 TITLE	VS	☒ Change ☐ Addition
NAME	GEORGE, CHARLES	22 NAME	FOLSOM, MARVIN	
STREET ADDRESS	4800 LE JEUNE RD.	23 STREET ADDRESS	114 So. H. ST.	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	LAKE WORTH, FL. 33460	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: SANDRA L. BATEMAN Sandra L Bateman 6-8-95 407 340-2046
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172103 FP