

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Moore  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V69176 (8)**  
1. Corporation Name  
**CREATIVE CUSTOM DESIGN MANUFACTURING, INC.**



Principal Place of Business  
**19721 NW 47TH AVE  
HIALEAH FL 33010  
US**

Mailing Address  
**19721 NW 47TH AVE  
OPA LOCKA FL 33055  
US**

3. Date Incorporated or Qualified **10/05/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **683 W. 27th St.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Hialeah, Florida**  
Zip Country  
24 **33010** 25 **U.S.A.**  
2a. Mailing Address  
26 **683 W. 27th St.**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Hialeah, Florida**  
Zip Country  
29 **33010** 30 **U.S.A.**

4. FEI Number **65-0366028** 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

**HERNANDEZ, MIRIAM  
19721 NW 47TH AVRE  
OPA LOCKA FL 33055**

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>PSD HENANDEZ, MIRIAM</b>	<b>19721 NW 47 AVE OPA LOCKA FL</b>	<b>VD</b>	<input type="checkbox"/>
	<b>RODRIQUEZ, EVA L</b>	<b>117 SW 1136TH PLACE MIAMI FL</b>		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 DELETE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Miriam Hernandez April 24, 96 (35) 882-6755**  
Date Daytime Phone #

CR2E034 (12/95)