

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90235 001 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000086531**

1. Corporation Name  
**CREATIVA INC.**



Principal Place of Business 7631 SW 53RD COURT MIAMI FL 33143	Mailing Address 7631 SW 53RD COURT MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/07/1997**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number <b>65-0788006</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI**  
**201 S BISCAYNE BLVD**  
**1600 MIAMI CENTER**  
**MIAMI-FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DAY, SHARON	1.2 NAME	
STREET ADDRESS	7631 SW 53RD COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WOODROW	2.2 NAME	
STREET ADDRESS	DIVERSAS LTDA., CIRCULAR 3A. NO. 68 C 21	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSORIO, ALVARO VASQUEZ	3.2 NAME	
STREET ADDRESS	EDNALCO LTDA., EDITORA NACIONAL DE COLOMBIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALLE 34, NO 45A18, MEDELLIN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELILLA, ANA CATALINA	4.2 NAME	
STREET ADDRESS	MUISCA LTDA., CALLE 239 NO. 41-16	4.3 STREET ADDRESS	
CITY-ST-ZIP	ITAGUI, COLOMBIA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ OLANO, JOSE RODRIGO	5.2 NAME	
STREET ADDRESS	PLASTINOVO LTDA. CARRERA 48, #48, SUR 18 INT 104	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANIN M., JULIO A	6.2 NAME	
STREET ADDRESS	PORTEFINO LTDA., CALLE 26 A NO. 43 F 64	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	6.4 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 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, with all other like empowered.

SIGNATURE: *Sharon O'Day* **SIGNATURE RESPONSIBLE** 23 APRIL 99 305.669.9860  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #