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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000061985

1. Corporation Name
CREATIVE TECHNICAL SYSTEMS, INC.

Principal Place of Business
 19643 NW 82 PL
 MIAMI FL 33015

Mailing Address
 19643 NW 82 PL
 MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8181 NW 154 th Street	26 8181 NW 154 th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 250	27 Suite 250
City & State	City & State
23 Miami Lakes FL	28 Miami Lakes FL
Zip Country	Zip Country
24 33016 25 USA	29 33016 30 USA

3. Date Incorporated or Qualified
 07/14/1998

4. FEI Number
 65-0850595

5. Certificate of Status Desired Applied For
 Not Applicable

6. Election Campaign Financing Trust Fund Contribution \$8.75 Additional Fee Required.

7. \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

ALLEN, WARREN
 19643 NW 82 PL
 MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, WARREN	
STREET ADDRESS	19643 NW 82 PL	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ERONIDES	
STREET ADDRESS	16009 KINGSMOOR WAY	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTALORA, RAFAEL	
STREET ADDRESS	4125 SW 152 AVE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 2/4/1999 (305) 512-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)