

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # **E10981**

1. Corporation Name

CREME CONSTRUCTION, INC

FILED

99 MAR 19 AM 9:29

Principal Place of Business

Mailing Address

711 SW 94 Ct
Miami, FL 33134

711 SW 94 Ct
Miami, FL 33134

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. EEI Number

Applied For

21

26

59-2042657

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANSELMO CREME
711 SW 44 Ct
Miami, FL 33134

81 Name

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

83

84 City

100002823921

-03/30/99 - 01066 - 016

****150.00 85****150.00

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 *Anselmo Creme*

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P.D. ☐ DELETE
NAME ANSELMO CREME
STREET ADDRESS 711 SW 94 Ct
CITY-ST-ZIP Miami, FL 33134

1.1 TITLE P.S.T.D. ☒ Change ☐ Addition
1.2 NAME ANSELMO CREME
1.3 STREET ADDRESS 711 SW 94 Ct
1.4 CITY-ST-ZIP Miami, FL 33134

TITLE S.T.D. ☒ DELETE
NAME IBIS CREME
STREET ADDRESS 711 SW 94 Ct
CITY-ST-ZIP Miami, FL 33134

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 its 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.

SIGNATURE *Anselmo Creme*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Declarant Phone

Febr 1, 1999

CR2E034 (12/95)