FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 JUL 17 PM 6:39

DOCUMENT # **J91326** **(5)**

1. Corporation Name
CREATIVE FINANCIAL PLANNING SERVICES, INC.

Principal Place of Business
C/O FLAVIO ESPINO
1800 S.W. 53RD AVENUE
PLANTATION FL 33317

Mailing Address
C/O FLAVIO ESPINO
1800 S.W. 53RD AVENUE
PLANTATION FL 33317

(Document Number of This Filing)

3. Date Incorporation or Qualified: **09/04/1987**
3a. Date of Last Report: **01/24/1994**

2. Principal Place of Business
21 1800 SW 53 Ave.
Suite, Apt. #, etc.
22 PLANTATION, FL
City & State
23
Zip 24 33317 Country 25 USA

2a. Mailing Address
26 1800 SW 53 Ave.
Suite, Apt. #, etc.
27 PLANTATION, FL
City & State
28
Zip 29 33317 Country 30 USA

4. FEI Number: **65-0005056** ☐ 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

ESPINO, FLAVIO
1800 S.W. 53RD AVENUE
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: NONE
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:
(Typed or Printed Name of Registered Agent and Title of Signator) (NOTE: Registered Agent Signature Required When Applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ESPINO, FLAVIO	12 NAME	
STREET ADDRESS	1800 S.W. 53RD AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	ESPINO, DARLENE	22 NAME	
STREET ADDRESS	1800 S.W. 53RD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	
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	

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 the 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: Flavio Espino 1-16-95 305-791-0968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0227607 CP