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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

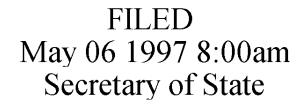
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K58004

(8)

CREATIVE REAL ESTATE MANAGEMENT AND DEVELOPMENT INC.





Principal Place of Business * FRED CASTRO 605 ALBERCA ST CORAL GABLES FL 33134		% FRED C/ 905 ALBER	Mailing Address # FRED CASTRO 905 ALBERGA ST CORAL GABLES FL 33134-2494							
		COHAL GAI	COMMI CARRES EL 33139-2434			3, Date Incorporated or Qualified 01/12/1989	d 3a. Date of Last Report 04/19/1996			
2. Principal Pi	ace of Business	2a. Mailing	Address	 :	_		4. FEI Number	1		Applied For
21		26	26				65-0097118 Not Applicable			
Suite, Apt	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27					S. Commond of Childs Debries			Required
City & State	•	⊢ —, '	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	1 0	28		, Count			Trust Fund Contribution			
Zip	Country	Zip		Count	ır y		8. This corporation has liability for life Florida Statutes	nlangible t Tyes		s. 199.032,
24	p. Name and Address of Curre	29 ent Registered Ar	rent	30			10, Name and Address of New Re		_	
CAS	TRO, FRED			8	31	Name				
	ALBERCA ST			_						
	VAL GABLES FL 33134		82 Street Ad			Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
001	INC GADELO I E GO IOT			ē	33					
				يا ا					1-1 -:	- Oi-
				8	34	City		FL	85 Zip	p Code
agent. I at SIGNATURE	egistered agent, or both, in the sta m familiar with, and accept the obli Signalure, typed or printed name of registered a	igations of, Section	n 607.0505, FI	orida Stalui	tos.		ation's board of directors. I hereby acception when reinstating)	DATE	and north e	as registered
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	DRS IN 12
TITLE	D		☐ DELE1E	1.1 1/11	E				Change	e 🔲 Addition
NAME	CASTRO, FRED			1.2 NAV	A.E					
STREET ADDRESS	905 ALBERCA ST.			1.3 S1RI	EET A	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL			1.4 _. C(TY	/-S1	- ZiP				
TITLE			DELETE	21 TOL	E				☐ Change	e 🔲 Addition
NAME				22 NAM	AE.					
STREET ADDRESS				2 3 STRI	EET #	ADDRESS				
CITY+ST-ZIP				2.4 CIT	Y - \$1	1 - ZIP			,	
TITLE			DELETE	3.1 TITE	F				Change	e [] Addition
NAME				3.2 NAM	AE.					
STREET ADDRESS				3.3 STR	EET A	ADDRESS	•			
CITY-ST-ZIP			- OFFICE	3.4, CIT		T-ZiP			Change	e
TITLE			DELETE	4.1 T(T)					change	e [_] Addition
NAME				4. 2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY 5.1 TITL		I-ZIP			Change	e [] Addition
NAME			La Dictio	5.1 INL					01101191	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CITY						
TITLE			DELETE	6.1 TH		4"			Change	e 🔲 Addition
NAME				6.2 NAN						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP		1		6.4 CITY						
14, I do here	by certify that the information supp	lied with this filing	does not qual	lify for the e	exer	mption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify th	at the

I no nereby certify that the internation supplied with the stilling does not quality for the excirption stated in Section 119-07(3)(), Florida Statutes. I further certify that this information indicated on this annual popular or supplied entail 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 coporation or the preciver 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 in hanged, or on an attachment with an address.

led (astro

Bx A7 (305)599-481