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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K58004

1. Corporation Name

CREATIVE REAL ESTATE MANAGEMENT AND DEVELOPMENT INC.

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90059 046 ***150.00



Principal Place of	of Business	Mailing Address	Mailing Address			1 30010131 401 63161 10111 Court Balti ethi 61811 41511 61811 ethi 41111 1091			
% FRED CASTRO 905 ALBERCA ST CORAL GABLES FL 33134		905 ALBERCA ST	% FRED CASTRO 905 ALBERCA ST CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE		
						3.	Date Incorporated or Qualifed 01/12/1989		
2. Principal Plac	e of Business	2a. Mailing Add	2a. Mailing Address			4.	FEI Number		Applied For
<u> </u>		26	26				65-0097118		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5.	Certifcate of Status Desired	•	75 Additional se Required
City & State		City & State	City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip	Country	Zip	Country			8.	This corporation owes the current year	Intangible	
4	25 29 3		30	آو		1	Personal Property Tax.	Ye	s □No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
CASTRO, FRED				81					
	BERCA ST				Street Addre	ss (P.O. Box Number is Not Acceptable)			
CORA	L GABLES FL 33134								
				84	City		F	L 85	Zip Code
office or req	the provisions of Sections 607.0 istered agent, or both, in the Stafamiliar with, and accept the obli	ate of Florida. Such char	nge was authorize	d by	the corporation	ratio	n submits this statement for the purpose pard of directors. I hereby accept the ap	of changi ocintment	ng its registered as registered
SIGNATURE									
	mature, typed or printed name of registered			- · ·	nt signature required				
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS	ANU DIRI	ECTORS IN 12	

□ DELETE ☐ Change Addition TITLE CASTRO, FRED NAME 1.2 NAME 905 ALBERCA ST. 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition DELETE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this fling 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 of supplemental angulal 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:

G OFFICER OR DIRECTOR

CR2E034 (11/98)