## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 AUG 22 PM 1: 23

SECRETARY OF STATE TALLAHASSEE. FLORIDA

|   | MENT # K71363<br>IVE RESOURCE INTERIORS,   | ` '                          |               |                    |   |  |                           |                               |   |
|---|--|------------------------------|---------------|--------------------|---|--|---------------------------|-------------------------------|---|
| Principal Place of Business Mailing Address |  |                              |               |                    |   |  |                           | ALDEL AIDIT DIAL              | <b>                                    </b> |
| 642 NE 69 ST                                | rreet  | 642 NE 69 STREET             |               |                    | i   | "  |                           |                               |   |
| MIAMI FL 331                                | 38   | MIAMI FL 33138               |               |                    | ļ   |  |                           |                               |   |
|   |  |                              |               |                    | <b>_</b>                                      | DO NOT WRIT  |                           |                               |   |
|   |  |                              |               |                    | ľ   | Date Incorporated or Qualified                                 | 1                         | ate of Last R                 | epon  |
| 6 Dringing D                                | Place of Business  | 2a. Mailing Address          |               |                    |   | <b>03/09/1989</b><br>El Number                                 | 10                        | /23/1996                      |   |
| 2. Fillicipare<br>21 670                    | NF. 69ST   | 26 Maining Address           |               |                    | •. [  | 65-0092921   |                           | P-+-                          | plied For<br>ot Applicable                  |
| Suite Ant                                   | NE 6957<br>#, etc.   | Suite, Apt #, etc.           |               |                    | SR 75 Additional                              |  |                           |                               |   |
| 22 H //                                     | AMI FL   | 27                           |               |                    | 5. C  | Certificate of Status Desired                                  |                           | Fee Re                        |   |
| City & Stat                                 |  | Cily & Stale                 |               |                    | 6 F   | lection Campaign Financing                                     |                           | \$5.00                        |   |
| 23  |  | 28                           |               |                    | i i   | rust Fund Contribution   |                           | Added 1                       |   |
| _ Zip                                       | Country  | <b>Z</b> ip                  | Country       |                    | 8. T  | his corporation owes or has p                                  | aid the cur               |                               |   |
| 24 27                                       | 138 25 USA   | 29                           | 30            |                    |   | ersonal Property Tax due Jun                                   |                           |                               | No.   |
|   | 9. Name and Address of Current   | Registered Agent             | 81            | I                  | 10. N   | lame and Address of New R                                      | egistered                 | Agent                         |   |
| ARAGON, NESTOR J.                           |  |                              |               | Name               |   |  |                           |                               |   |
|   | 2 NE 69 STREET   |                              | 82            | Street /           | Street Address (P.O. Box Number is Not Accept |  |                           |                               |   |
| MLA   | AMI FL 33138   |                              |               |                    |   |  |                           |                               |   |
|   |  |                              | 83            |                    |   |  |                           |                               |   |
|   |  |                              | 84            | City               |   |  |                           | 85 Zip (                      | Code  |
|   |  |                              |               | L                  | <u></u>                                       |  | FL                        |                               | <u>.</u>                                    |
| office or r                                 | to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations. | f Florida, Such change was : | authorized by | the corr           | corporation s<br>poration's boa               | submits this statement for the arc of directors. I hereby acce | purpose of<br>opt the app | r changing it<br>pointment as | s registered<br>registered                  |
| SIGNATURE                                   |  |                              |               |                    |   |  |                           |                               |   |
| 12.   | Signature, typed or printed name of registered agreet<br>OFFICERS AND  |                              | 13.           | ent signature      | required when re-                             | DDITIONS/CHANGES TO OFFI                                       | DATE<br>CERS AND          | DIRECTOR                      | S IN 12                                     |
| TITLE                                       | P  | DELETE                       | 1.1 TILLE     |                    |   | DITIONO/OFFANGES TO OFF  | OLITO AINL                | Change                        | Addition                                    |
| NAME  | ARAGON, NESTOR J   |                              | 1.2 NAME      |                    | NESTOR V. ARRGON                              |  |                           |                               |   |
| STREET ADDRESS                              | 642 NE 69 STREET   |                              |               | ADDRESS            | 670 A   | 1E 695T  |                           |                               |   |
| CITY-ST-ZIP                                 | MIAMI FL 33138   |                              | 1.4 CHY-S     |                    |   | 11, FL. 3313   | 3                         |                               |   |
| TITLE                                       |  | DELETE                       | 21 HILE       | 11-211             |   |  |                           | Change                        | Addition                                    |
| NAME  |  |                              | 2.2 NAME      |                    | ,<br>I  | 70000022   | 277                       | J47:                          | -=-6  |
| STREET ADDRESS                              |  |                              |               | 2.3 STREET ADDRESS |   | 700022770476<br>-08/26/9701018007<br>****165.00 ****165.00     |                           |                               | μς.   |
| CITY-\$1-ZIP                                |  |                              | 2.4 CHY-      |                    |   | 樂楽樂楽 <b>1</b> 5  | 5.00                      | ****1B                        | ວ.88  |
| TITLE                                       |  | DELETE                       | 3.1 TITLE     | / L"               |   | ****   |                           | Change                        | Addition                                    |
| N.A   |  |                              | 3.2 NAME      |                    |   |  |                           |                               | _   |
| STREET ADDRESS                              |  |                              | 3.3 STREET    | ADDRESS            |   |  |                           |                               |   |
| CITY-ST-ZIP                                 |  |                              | 3.4 CITY-1    |                    |   |  |                           |                               |   |
| TITLE                                       |  | DELETE                       | 4.1 TITLE     |                    |   |  |                           | Change                        | Addition                                    |
| NAME  |  | <del>-</del>                 | 4. 2 NAME     | Ì                  |   |  |                           | _ •                           | _ \   |
| STREET ADORESS                              |  |                              | 4 3 STREET    | ADDRESS            |   |  |                           |                               |   |
| CITY-ST-ZIP                                 |  |                              | 4.4 CITY- S   | l                  |   |  |                           |                               |   |
| TITLE                                       |  | DELETE                       | 51 TITLE      |                    |   |  |                           | ☐ Change                      | Addition                                    |
| NAME  |  |                              | 5.2 NAME      |                    |   |  |                           |                               | İ   |
| STREET ADDRESS                              |  |                              | 5.3 STREET    | ADDRESS            |   |  |                           |                               | }   |
| CITY-ST-ZIP                                 |  |                              | 5.4 CITY - S  |                    |   |  |                           |                               | 7 7   |
| TITLE                                       |  | DELETE                       | 6.1 TITLE     |                    |   |  |                           | Change                        | Addroon                                     |
| NAME  |  |                              | 6.2 NAME      | ļ                  |   |  |                           | الم                           | めれり   |
| STREET ADDRESS                              |  |                              | 6.3 STREFT    | ADDRESS            |   |  |                           | 7                             | )'レ'  |
| CITY-ST-ZIP                                 |  |                              | 64 City-S     |                    |   |  |                           | 4                             | יי,   |

14. I do 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 or an an address.

## CREATIVE RESOURCE INTERIORS, INC.

COMMERCIAL AND RESIDENTIAL DESIGN

8/18/97

Division of Consorations P.O. Box 6327 Tallahasser, Florida 32314

To whom this May Concern:

I did not neeine a fast Kotice" to file for my corporation.

Desertes so encredible that I cont believe such a deserior was voted on by people with a conscience.

Phone secrept my payment of \$1650 and of apologize for not sending it sooner, In a one mon show and totally fusyot that the due date is May.

also please note the address is defferent. Os noted on the "change" columns.

Severely Meager