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

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (7) CREATIVE IDEATIONS, INC. Principal Place of Business Mailing Address % OSCAR J. MEDEROS % OSCAR J. MEDEROS 7091 NW 51 ST 7091 NW 51 ST DO NOT WRITE IN THIS SPACE MIAM! FL 33166 MIAMI FL 33166 3. Date incorporated or Qualified 09/21/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65:0160147 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\nabla$ 5- Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zic Country 8. This corporation owes or has paid the current year intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MEDEROS, OSCAR J. 7091 NW 51 ST Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33166 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS TITLE ☐ DELETE 1.1 TITLE Change MEDEROS, OSCAR J. 1.2 NAME NAME 7091 NW 51 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 City - ST-ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change 5.1 TITLE Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 8.1 TITLE Change Addition TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

I hereby certify that the Information sindicated on this annual report or su officer or director of the corporation Block 12 or Block 13 if changed, dr

NAME

STREET ADDRESS

CITY-ST-ZIP

PE RECOSCAR MEDEROS (PRESIDENT) 01/05/98

ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.

CR2E034