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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L18329

CREATIVE IDEATIONS, INC.

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90036 035 \*\*\*158.75

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Principal Place									
% OSCAR-J. MEDEROS 7091 NW 51 ST		% OSCAR J. MEDEROS 7091 NW 51 ST							
MIAMI FL 33166		MIAMI FL 33166			DO NO	T WRITE IN	THIS SPACE		
					ſ	<ol><li>Date Incorporated or Q</li></ol>	ualifed		
						09/21/1989			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21 6850 S	S.W. 81 TERRACE	26 6850 S.W. 81	TERR	ACE		<u>65-0160147</u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Des	sired 🟋	, , , , , , ,	Additional
22		27					-11.7	F 66	Required
City & State		City & State	-54			6. Election Campaign Fina	, ,		May Be
20	FLORIDA	28 MIAMI, FLOR				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes t			□No
24 33143		29 33143	30			Personal Property Tax.		XX Yes	
	9. Name and Address of Curre	nt Registered Agent		81 Name		10. Name and Address of	New regist	ereu Agent	
MED	EROS, OSCAR J.				CAR J	J. MEDEROS			
	•			82 Street	Address	s (P.O. Box Number is Not	Acceptable)		
	I NW 51 ST				50 S.	<u>.W81_TERRACE</u>			
MIAR	VII FL 33166			83					
				84 City				85 Zi	p Code 33143
				84 City MIA				; -	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu	utes, the al	ove-named	corpora	ation submits this statement	for the purpo v accept the	se of changing appointment as	its registered registered
Office of the	m familiar with, and accept the obliga	stices of Costion 607 0505 CI	addionizou		orador.	s sound of all colors at the sec	,	- <b></b>	
l agent. I ai	m lamiliai with, and accept the obliga	ations of, Section 607.0303, Fi	المادة عماران	les.					
1	m lamillar with, and accept the obliga	ations of, Section 607.0505, Fi	IOI IGA SIAN	ites.		•			
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	TE: Registered	Agent signature i	required wi		DA		TODG (N. 42
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	TE: Registered	Agent signature i	1.	hen reinstating) ADDITIONS/CHANGES		RS AND DIREC	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ant and title if applicable. (NOT	TE: Registered 13, 1.1 TI	Agent signature :	D	ADDITIONS/CHANGES	TO OFFICER		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI D MEDEROS, OSCAR J.	ant and title if applicable. (NOT	13, 1.1 TI 1.2 N	Agent signature #	D 05	ADDITIONS/CHANGES SCAR J. MEDEROS	TO OFFICER	RS AND DIREC	
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14. I hereby certify that the information supplied with this filing thes 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 trusted 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.

MEDEROS (PRESIDENT) 03/08/99 (305)666-8742

SIGNATURE:

3R2E034 (11/9