

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90056 013 \*\*\*150.00

DOCUMENT # L66507

1. Corporation Name  
CREATIVE VISIONS MIAMI, INC.

Principal Place of Business

4212 VAN BUREN ST  
HOLLYWOOD FL 33021  
US

Mailing Address

% GARY E. JAFFE  
260 CRANDON BLVD #32  
KEY BISCAYNE FL 33149  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/19/1990

4. FEI Number

65-0189767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1901 N Park Road

Suite, Apt. #, etc.

22 City & State

23 Hollywood FL

Zip Country

24 33021 25

2a. Mailing Address

26 1901 N Park Road

Suite, Apt. #, etc.

27 City & State

28 Hollywood FL

Zip Country

29 33021 30

9. Name and Address of Current Registered Agent

JAFFE, GARY EVAN  
4212 VAN BUREN ST  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1901 N Park Road

83

84 City

Hollywood

85 Zip Code

FL 33021

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

GARY EVAN JAFFE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

1-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME JAFFE, GARY EVAN  
STREET ADDRESS 4212 VAN BUREN ST  
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE VPTD  
NAME MANULKIN, RICHARD I  
STREET ADDRESS 3721 THOMAS STREET  
CITY-ST-ZIP HOLLYWOOD FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPTD ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

305-880-7228

Daytime Phone #

CR2E034 (11/98)

0221660