

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 PM 1:39

DOCUMENT # M73436 (1)
1. Corporation Name
CREATIVE IMAGE MARKETING AND PROMOTIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O SANDRA CATELLI
18900 NW 2 AVE
MIAMI FL 33169

Mailing Address

C/O SANDRA CATELLI
2110 N. 45TH AVENUE
HOLLYWOOD FL 33021
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 693831

27 Suite, Apt. #, etc.

28 City & State

MIAMI FL

29 Zip

33021

30 Country

3. Date Incorporated or Qualified
03/23/1988

3a. Date of Last Report
02/02/1994

4. FEI Number
65-0057586

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 has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CATELLI, SANDRA
2110 N. 45TH AVENUE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

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

2913 Wekiva Ridge Road

83

84 City

Apopka

FL

85 Zip Code

32752

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 the filer (applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CATELLI, SANDRA
STREET ADDRESS	2110 N. 45TH AVENUE
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. I am an officer or director of the corporation or the receiver or trustee appointed in Block 12 or Block 13 (if changed), or on an attachment with an address.

I do not qualify for the exemption stated in Section 193.03(4)(b), Florida Statutes. Further, I am not a receiver or trustee and that my signature shall have the same legal effect as if made under the provisions of Chapter 607, Florida Statutes, and that my return

SIGNATURE:

Sandra Catelli
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
SANDRA CATELLI

1-13-95

305 986-2255