FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 8:41

DOCUMENT # **P94000011091 (3)**

1. Corporation Name
CREATION ART SUPPLIES, INC.

Principal Place of Business	Mailing Address
19140 NW MIAMI CT. MIAMI FL 33139	19140 NW MIAMI CT. MIAMI FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 1101 5TH ST
2a. Mailing Address — 26: 1101 5TH ST
Suite, Apt. #, etc. — 22 / 27
City & State — 23: MIAMI BEACH FLA / 28: MIA BCH FLA
Zip — 24: 33139 / 29: 33139
Country — 25: DADE / 30: DADE

4. FEI Number: 65 0467062 ☐ 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. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GUTHRIE, GARTH
1619 LENOX AVENUE, #1
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: ALEYANDER BILU
82 Street Address (P.O. Box Number is Not Acceptable): 1250 WEST AVE #6W
83
84 City: MIAMI BEACH FL 85 Zip Code: 33139

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: BILU, ALEX — 1/23/95
Signature (type or print) name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GARDNER, RAYMOND	12 NAME	→ SAME
STREET ADDRESS	19140 NW MIAMI CT.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33139	14 CITY ST ZIP	
TITLE	D	21 TITLE	D ☑ Change ☐ Addition
NAME	DISPENZA, ARI	22 NAME	DISPENZA, ARI
STREET ADDRESS	854 JEFFERSON AVE., #10	23 STREET ADDRESS	701 MICHIGAN AVE #3
CITY ST ZIP	MIAMI BEACH FL 33139	24 CITY ST ZIP	MIAMI BEACH FL 33139
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	BILU, ALEXANDER	32 NAME	BILU, ALEYANDER
STREET ADDRESS	405 ESPANOLA WAY, #204	33 STREET ADDRESS	1250 WEST AVE, #6W
CITY ST ZIP	MIAMI BEACH FL 33139	34 CITY ST ZIP	MIAMI BEACH FL 33139
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: 1/23/95 305 531 9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184442 CP