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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011091 (3)

1. Corporation Name

CREATION ART SUPPLIES, INC.



Principal Place of Business

1101 5TH ST
MIAMI BEACH FL 33139
US

Mailing Address

1101 5TH ST
MIAMI BEACH FL 33139
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BILU, ALEXANDER
1250 WEST AVE 6W
MIAMI BEACH FL 33139

81 Name

Ari Dispenza

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

701 Michigan Ave. #3

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

Ari Dispenza

Secretary

1/12/96

(NOTE: Registered Agent Signature required when changing agent)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	GARDNER, RAYMOND	
STREET ADDRESS	19140 NW MIAMI CT.	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	DELETE
NAME	DISPENZA, ARI	
STREET ADDRESS	701 MICHIGAN AVE 3	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	DELETE
NAME	BILU, ALEXANDER	
STREET ADDRESS	1250 WEST AVE 6W	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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)(k), 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:

Ari Dispenza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/96 (305)-531-9311

(DATE)

Daytime Phone #

CR2E034 (12/95)