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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011091 (3)

CREATION ART SUPPLIES, INC.

Principal Place	e of Business	Mailing Address			7114 00101 11901 11913 08116 38101 11	
1101 STH ST 1101 STH ST		1101 STH ST MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE		
				Date Incorporated or Qualified		
				02/02/1994		
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number		ed For
21		26		65-0467062		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add	
City & State	3	City & State	···········	6. Election Campaign Financing	\$5.00 Ma	
23		28		Trust Fund Contribution	Added to F	
Zip	Country	Zip	Country	8. This corporation owes or has p	aid the current year Intang	gible
24	25	29	30	Personal Property Tax due Jun		
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent	
DISI	PENZA, ARI		81 Name	LICKANDED BI	ム ひ	
701 MICHIGAN AVE. #3			82 Street Ad	dress (P.O. Box Number is Not Accepte	ible)	
MIAMI BEACH FL 33139				O LEADY AIGH	<u> </u>	
	1	/	83			
	/ /		84 City	10. 000.11	85 Zip Cod	de _ C
74 5	11	00 1007 1500 Finds On the	m	ANI BENCH	FL 73,	/37
	to the provisions of Sections 60 52 egistered thent or both, in the Sta	per and 607.1508, Florida Statute perof Florida. Such change was a	s, the above-named co uthorized by the corpor	rporation submits this statement for the ation's board of directors. I hereby acceptation	purpose of changing its recept the appointment as rec	gistered
•		ig tions of, Section 607.0505, Flo	rida Statutes.		shukes	
SIGNATURE	Stonature typid or printed name of virstered a	agent and title if applicable. (NOTE	: Registered Agent signature rec	usired when reinstation)	3/24/71	
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS I	N 12
TITLE	D	DELETE	1.1 TITLE			Addition
NAME	GARDNER, RAYMOND		1.2 NAME			
STREET ADDRESS	19140 NW MIAMI CT.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33139		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change	Addition
NAME	DISPENZA, ARI		2.2 NAME			
STREET ADDRESS	701 MICHIGAN AVE 3		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	BILU, ALEXANDER		3.2 NAME			
STREET ADDRESS	1250 WEST-AVE 6W-75	O LENOX MA 3	3.3 STREET ADDRESS			
CITY-ST-ZIP	: MIAMI BEACH FL		. 3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	P.		1.100
TITLE		☐ DELETE	5.1 TITLE	• !	L Change L	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			Addistan
TITLE		DELETE	6.1 TITLE		L_ Change L	Addition
NAME		/	6.2 NAME			
STREET ADDRESS	,	1	6.3 STREET ADDRESS			
CITY-ST-ZIP	and the short the index of A	with this filing ago not availe. In	6.4 CITY-ST-ZIP	in Section 110 07/3\(ii) Florida Statuton	I further certify that the inf	formation
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 of 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 of the piccivity in 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 change it or girl anythat hybrid it with an address.						

MICHAGO DILA ZAYAR GADONIOSI

FILED

Mar 31 1998 8:00am

Secretary of State