

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90039 040 ***150.00

DOCUMENT # P94000011091

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1634 Euclid Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami Beach, FL
Zip
24 33139 Country
25 USA

2a. Mailing Address
26 1634 Euclid Avenue
Suite, Apt. #, etc.
27
City & State
28 Miami Beach, FL
Zip
29 33139 Country
30 US

3. Date Incorporated or Qualified
02/02/1994

4. FEI Number
65-0467062 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

9. Name and Address of Current Registered Agent

BILU, ALEXANDER
750 LENOR AVE #3
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name Ari Dispensa
82 Street Address (P.O. Box Number is Not Acceptable)
701 Michigan Avenue #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 Dispensa*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GARDNER, RAYMOND	19140 NW MIAMI CT.	MIAMI FL 33139	<input checked="" type="checkbox"/>
D	DISPENSA, ARI	701 MICHIGAN AVE 3	MIAMI BEACH FL	<input type="checkbox"/>
D	BILU, ALEXANDER	750 LENOR AVE #3	MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Ari Dispensa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99
Date

305-531-9311
Daytime Phone #

CR2E034 (11/98)

0204525