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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

P94000046000 (3)

	CREATIONS, INC.				
Principal Place of Business ONE NE. FIRST STREET SUITE 22 MIAMI FL 33132		Mailing Address ONE N.E. FIRST : SUITE 22 MIAMI FL 33132	STREET		
MIRMI TE 331	52	MIRMI FE 33132		3. Date Incorporated or Qualified 3a 06/21/1994	Date of Last Report 01/17/1995
2. Principal Plac 1	e of Business	2a. Mailing Address 26		4. FEI Number 65-0502105	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc	2.	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country 25	Z ₁ p	Country 30	8. This corporation has liability for intanç Florida Statutes Yes	
	9. Name and Address of Cur	rrent Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent
			82 Street Addi 83 84 City	ress (P.O. Box Number is Not Acceptable)	FI 85 Zip Code
or registered	d agent, or both, in the State of F , any agreet the obligations of S , and by the population of reproduct	llorida. Such change was auti	horized by the corporation's boa	ration submits this statement for the purpose ind of directors. I hereby accept the appointm so when revisitating. ADDITIONS/CHANGES TO OFFICER:	ent as régistered agent. Lam
SAM: STREET ADDRESS CHY ST-ZIP	D Bendayan, Chelly One N.E. First Street, Miami Fl 33132	SUITE 22	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
THE PAME STREET ADDRESS TYPESTEZ P		☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition
LILLE NAME SUBERT ADDRESS DITY - ST. ZIP		OELETE	3 1 TIFLE 32 NAME 33 STHEET ADDRESS 34 CHY-S1-ZIP		☐ Change ☐ Addition
ITTLE SAME STREET ALDRESS DITY ST-ZIP		DELETE	4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
101.4 NAME 5 TREET ADDRESS DITY - ST - ZIE		☐ DELETE	5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
DINE NAME STREET ADDRESS OTH SEZIF		DELETE	5 4 CHY-ST-ZIP 6 1 TIFLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CHY-ST-ZIP		Change Addition
14. I do hereby cert fy that to oath, that I	the information indicated on this a	annual report or supplementa orporation or the receiver or t	furnished and does not qualify annual report is true and accurr rustee empowered to execute the address.	for the exemption stated in Section 119.07(3) ate and that my signature shall have the sami is report as required by Chapter 607, Florida	e legal effect as if made under Statutes; and that my name
SIGNATI	URE: SOMA FORE AND THE	O OR PHINTED NAME OF SIGNING	FICER OR DIRECTOR	/18/96 305-37	7/-8/03 Daytine Phone #