

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000055570 (3)**

1. Corporation Name

CREATIVE TECHNOLOGY INTERNATIONAL, INC.



Principal Place of Business

**6541 NW 87TH AVE
MIAMI FL 33166**

Mailing Address

**P O BOX 524351
MIAMI FL 33152-4351
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
07/27/1994

3a. Date of Last Report
03/27/1995

4. FEI Number

65-0499785

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

**CABALLERO, ALICIA
1978 SW 137TH CT
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

12. NAME	D CABALLERO, ALICIA	<input type="checkbox"/> DELETE
12. STREET ADDRESS	1978 SW 137TH CT	
12. CITY-STATE-ZIP	MIAMI FL 33175	
12. TITLE	DP	<input type="checkbox"/> DELETE
12. NAME	LEZCANO, VICTOR M	
12. STREET ADDRESS	COND THE GALLERY APT 404	
12. CITY-STATE-ZIP	ISLA VERDE PU	
12. TITLE		<input type="checkbox"/> DELETE
12. NAME		
12. STREET ADDRESS		
12. CITY-STATE-ZIP		
12. TITLE		<input type="checkbox"/> DELETE
12. NAME		
12. STREET ADDRESS		
12. CITY-STATE-ZIP		
12. TITLE		<input type="checkbox"/> DELETE
12. NAME		
12. STREET ADDRESS		
12. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 1.2 NAME	
13. 1.3 STREET ADDRESS	
13. 1.4 CITY-STATE-ZIP	
13. 2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 2.2 NAME	
13. 2.3 STREET ADDRESS	
13. 2.4 CITY-STATE-ZIP	
13. 3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 3.2 NAME	
13. 3.3 STREET ADDRESS	
13. 3.4 CITY-STATE-ZIP	
13. 4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 4.2 NAME	
13. 4.3 STREET ADDRESS	
13. 4.4 CITY-STATE-ZIP	
13. 5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 5.2 NAME	
13. 5.3 STREET ADDRESS	
13. 5.4 CITY-STATE-ZIP	
13. 6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 6.2 NAME	
13. 6.3 STREET ADDRESS	
13. 6.4 CITY-STATE-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)(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:

Alicia Caballero - Alicia Caballero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96
Date

(305) 591-7625
Daytime Phone

CR2E034 (12/95)