

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 # P95000010163 (0)

1. Corporation Name

CREATVEDGE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

12612 ILLINOIS WOODS LANE  
ORLANDO FL 32824

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ORLANDO FL 32824

3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

02/07/95

2. Principal Place of Business

2a. Mailing Address

21 12612 Illinois Wds Ln.  
Suite, Apt. #, etc.

26 PO Box 593415  
Suite, Apt. #, etc.

4. FEI Number

74-2764576

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

22 City & State

27 City & State

23 Orlando Fl

28 Orlando Fl

24 32824 25 Orange

29 32859-3415 30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME ORTIZ, LEO  
STREET ADDRESS 12612 ILLINOIS WOODS LANE  
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☐ Change ☒ Addition  
1.2 NAME Carmen Munoz  
1.3 STREET ADDRESS 3115 Tall Grass Pl.  
1.4 CITY-ST-ZIP Kissimmee Fl 34743

2.1 TITLE Treasurer ☐ Change ☒ Addition  
2.2 NAME Amelia Ortiz  
2.3 STREET ADDRESS 12612 Illinois Woods Ln.  
2.4 CITY-ST-ZIP Orlando Fl 32824

3.1 TITLE Director ☐ Change ☒ Addition  
3.2 NAME Sixto Martinez  
3.3 STREET ADDRESS 2742 Rolling Brock Drive  
3.4 CITY-ST-ZIP Orlando Fl 32837

4.1 TITLE Director ☐ Change ☒ Addition  
4.2 NAME Secundino Malave  
4.3 STREET ADDRESS 9750 Piney Point Circle  
4.4 CITY-ST-ZIP Orlando Fl 32825

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

Amelia Ortiz

Amelia Ortiz - Treasurer

04/18/1996

(407) 859-6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)