

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

FILED

Jan 22 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000026206 (9)

1. Corporation Name
CREAWEST TECHNOLOGIES, INC.



Principal Place of Business

**7740 SW 82ND ST. G203
MIAMI FL 33143**

Mailing Address

**7740 SW 82ND ST. G203
MIAMI FL 33143-7160**

3. Date Incorporated or Qualified
04/03/1995

3a. Date of Last Report
07/26/1996

2. Principal Place of Business
21 **7810 SW 82nd ST**

2a. Mailing Address
26 **7810 SW 82nd ST**

Suite, Apt. #, etc.
22 **I-211**

Suite, Apt. #, etc.
27 **I-211**

City & State
23 **MIAMI FL**

City & State
28 **MIAMI FL**

Zip Country
24 **33143 USA**

Zip Country
29 **33143 USA**

4. FEI Number
65-0569296

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

**NARAYAN, SRIMAN
7740 SW 82ND ST, G203
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name **NARAYAN, SRIMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
7810 CAMINO SW 82nd ST I-211
83
84 City **MIAMI FL** 85 Zip Code **33143**

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 of officer or director of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NARAYAN, SRIMAN	
STREET ADDRESS	7740 SW 82ND ST, G203	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	PVST	<input type="checkbox"/> DELETE
NAME	NARAYAN, SRIMAN	
STREET ADDRESS	7740 SW 82ND ST, G203	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7810 SW 82nd ST, I-211
1.4 CITY - ST - ZIP	MIAMI FL 33143
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7810 SW 82nd ST, I-211
2.4 CITY - ST - ZIP	MIAMI FL 33143
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

S. Narayan **SRIMAN NARAYAN** **13 JAN 97** **305-279-9791**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)