

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 # P95000068427 (0)

1. Corporation Name

CREATIVE FAMILY VENTURES, INC.



Principal Place of Business

Mailing Address

9455 SOUTHWEST 56TH STREET
MIAMI FL 33165

9455 SOUTHWEST 56TH STREET
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

4. FEI Number

65-0606156

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

MANUEL E. PEREZ

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

10010 N.W. 44 Terr #110

83

84 City

Miami

FL

85 Zip Code

33178

11. Pursuant to the provisions of Sections 607.0102 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.

MANUEL E. PEREZ Pres.

(NOTE: Registered Agent signature required when reinstating.)

4/27/96

Date

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME PEREZ, MANUEL E
STREET ADDRESS 16307 NORTHWEST 9TH DRIVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE V ☐ DELETE

NAME PEREZ, MANUEL M
STREET ADDRESS 9455 SOUTHWEST 56TH STREET
CITY-ST-ZIP MIAMI FL 33165

TITLE S ☐ DELETE

NAME SARDINAS, NANCY
STREET ADDRESS 9455 SOUTHWEST 56TH STREET
CITY-ST-ZIP MIAMI FL 33165

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 ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

10010 N.W. 44 Terr #110
MIAMI, FL 33178

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL E. PEREZ Pres.

Date

4/27/96

Daytime Phone #

(305)

595-5760

CR2E034 (12/95)