FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000080452 (2)

1. Corporation Name

CREATIVE CONCEPTS TRADING INC.

Principal Place of Business	Mailing Address
777 E. MERRITT ISLAND CSWY. MERRITT SQUARE MALL UNIT 233 MERRITT ISLAND FL 32952	777 E. MERRITT ISLAND CSWY. MERRITT SQUARE MALL UNIT 233 MERRITT ISLAND FL 32952-3576

3. Date Incorporated or Qualified	3a. Date of Last Report
10/16/1995	05/01/1996

4. FEI Number	
59-3348428	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

2. Principal Place of Business	2a. Mailing Address
21	26

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

City & State	City & State
23	28

Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

ELGHABER, DAU
1919 REDFIELD LANE
ORLANDO FL 32837

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: _PAU ELGHaber_   DATE: 04/25/97

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	ELGHABER, DAV		1.2 NAME			
STREET ADDRESS	1919 REDFIELD LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	MUNI, MOHAMMED		2.2 NAME			
STREET ADDRESS	508 ADIRONDACK AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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: _Pau Shu Dun_   Date: 04/25/97   Daytime Phone #: 438-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)