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May 19 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 # P96000011891 (4)
 1. Corporation Name
COLORFUL CREATIONS DECORATIONS AND DESIGN CORP.



Principal Place of Business: **PO BOX 370828 MIAMI FL 33137-0828**
 Mailing Address: **PO BOX 370828 MIAMI FL 33137-0828**

3. Date Incorporated or Qualified: **02/07/1996** 3a. Date of Last Report: **N/A**
 4. FEI Number: **65-0639111** Applied For: Applied For / Not Applicable
 6. 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: **911 NW 42nd St.** 2a. Mailing Address: **P.O. Box 370828 Miami FL 33137-0828**
 Suite, Apt. #, etc.: Suite, Apt. #, etc.:
 City & State: **Miami FL** City & State: **Miami FL**
 Zip: **33127** Country: **USA** Zip: **33137-0828** Country: **USA**

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name: **Angela L. Robertson**
 82 Street Address (P.O. Box Number is Not Acceptable): **911 N.W. 42nd St.**
 83
 84 City: **Miami** 85 Zip Code: **FL 33127**

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: *Angela L. Robertson* DATE: **5/26/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, ANGELA L	
STREET ADDRESS	911 NORTHWEST 42 STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, COREY	
STREET ADDRESS	911 NORTHWEST 42 STREET	
CITY-ST-ZIP	MIAMI FL 33127	
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change / <input type="checkbox"/> Addition
2.2 NAME	V/S Corey Robertson
2.3 STREET ADDRESS	911 N.W. 42nd St
2.4 CITY-ST-ZIP	Miami FL 33127
3.1 TITLE	<input type="checkbox"/> Change / <input checked="" type="checkbox"/> Addition
3.2 NAME	Wanda H. Willis
3.3 STREET ADDRESS	291 N.E. 170 Street
3.4 CITY-ST-ZIP	Miami FL
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: *Angela L. Robertson* Date: **5/26/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)