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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000013515

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90153 028 ***150.00



1. Corporation Name	1 300000 100 10	•
AUTOMOTIVE (Creations international, inc.	
	\$4-31 Address	

Principal Place of Business Mailing Address						E INNSTRUCT DE SULPONISTE ANTEL MARTINES DE SUL TRANSPORTE	I IIABE IIIBI ENDI	TERME MISS LAND
1821 SW 55TH AVE 1821 SW 55TH AVE								
PLANTATION FI		PLANTATION FL 33317						
						DO NOT WRITE IN THIS	SPACE	
				1		3. Date Incorporated or Qualifed		
		1.5 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1		1		02/09/1996 4. FEI Number	, 	-1-15
	ace of Business	2a. Mailing Address					⊢	plied For
21	Al _A	Suite, Apt. #, etc.				65-0656939	\$8.75	t Applicable
Suite, Apt.	#, etc.					-5. Certificate of Status Desired	ЭО. / Э /	
City & State		City & State				6 Election Compaign Financing		·
一 '	•	28				Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
23 Zip	Country	Zip	Cou	ntrv		8. This corporation owes the current year Ir		5 1 000
24	25	29	30	,		Personal Property Tax.	Yes	□No
24]	9. Name and Address of Currer		100	<u> </u>		10. Name and Address of New Registered	Agent	
				81 Name				
KAM	en, ronald			GO Chroat	A -1 -1	s (P.O. Box Number is Not Acceptable)	,	
1821	SW 55TH AVE			82 Street	Addres	s (P.O. Box Number is Not Acceptable)	•	1
PLAN	NTATION FL 33317			83				
				84 City		FI	_ 85 Zip (Jode
11. Pursuant	to the provisions of Sections 607.050	22 and 607.1508, Florida Statut	es, the a	bove-named	corpor	ation submits this statement for the purpose of	f changing its	registered
office or re	egistered agent, or both, in the State m.familiar with, and accept the obligation	of Florida. Such change was a	uthorized	by the corpo	oration	s board of directors. I hereby accept the appo	intment as re	gistered
- 0 -	Translar with, and accept the obliga	Idons of, Section 607.0305, Flo	ilua Stati	utos.		4-26-9	9	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	Registered	Agent signature r	required w			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DP	XOELETE	1.1 TI	TLE	DP		Change	Addition
NAME	KAMEN, ELLEN		1.2 NA	ME		nald Kamen		
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CITY-ST-ZIP	PLANTATION FL 33317		1			1 3 40 3 3 70 -		
TITLE			1.4 CI	TY-ST-ZIP	Pia	intertion FC 33317		
	ST	☐ DELETE	1.4 Cl		Pi	intetion, FC 33317	Change	Addition
NAME	_	☐ DELETE		īLE .	Pla	infetion, FC 33317	Change	Addition
	KAMEN, RONALD	☐ DELETE	2.1 TIT 2.2 N/	īLE .	Pi	intetion, FC 33317	Change	Addition
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	KAMEN, RONALD	☐ DELETE ☐ DELETE	2.1 TIT 2.2 N/ 2.3 ST	TLE AME TREET ADDRESS TY-ST-ZP-	Pι	intetion, FC 33317	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP	KAMEN, RONALD 1821 SW 55TH AVE		2.1 TII 2.2 N/ 2.3 S1 = 2:4 CI 3.1 TII 3.2 N/	TLE AME TREET ADDRESS ITY-ST-ZP-	Pi	intetion, FC 33317		
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14. I 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, with all other like empowered.

PEQUIRED