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

FILED

May 02 1997 8:00am

Secretary of State

DOCUMENT # P96000015045 (3)

MONTAGE CREATIVE GROUP, INC.

Principal Place of Business 1550 BOUTH DIXIE HWY.			1	Mailing Address 1550 SOUTH DIXIE HWY.						1 (09)1091							1111 1981
#207	50 BOUTH DIXIE HWY.		F207	EL 22146	2024												
COHAL GABLE	:S FL 33146		,	CORAL GABLES	FL 33140	-3034				Date Inc 02/16/1		d or Qua	ılified	3a. Da	ate of Las	st Re	port
2. Principal F	Place of Busin	ness	2	a. Mailing Add	ress				4.	FEI Num	ber				T	Арр	lied For
21			26	26						65-0661758 Not Applicate						Applicable	
				Suite, Apt. #, etc.					6	Certificat	e of Stat	us Desir	ed				dditional
22			27						v.	COMMON	o or our				Fee	Req	ulred
	te		-	City & State						Election		-	cing	- -3			Лау Ве
23	Country			28			Country		Trust Fund Contribution L Added to Fees 8. This corporation has liability for intangible tax under s. 199.0								
		· ·	-	Z(p 3		├- ₁	ııry					nas liabi		ntangible [Yes [ers.	199.032.
24	o Namo		29			30]				Florida S Name a		ass of N					
A4A*			un one mag	iotorea rigani			81	Name									
							_										
		AVIE UAAL					82	Street Ac	ddress (P.	.O. Box N	lumber i	s Not Ac	ceptab	le)			
		0				h	83			· - · · · · · · · · · · · · · · · · · ·					· · · · · · · · ·		
Mark	WI) FL 33 14	0															
						[8	84	City						FL	85 2	Zip C	ode
44 Dureuset	to the provid	ions of Sections 60	7.0502 and	607 1608 Flor	ida Statut	os the shi		named c	cornoration	n submits	this stat	ement fo	or the n	urnose o	f changir	na its	registered
office or	registered as	gent, or both, in the	State of Fic	orida. Such cha	nge was a	authorized	by	the corpo	oralion's b	oard of c	rectors.	Thereb	y accep	the app	ointment	asr	egistered
agent. I i	am tamiliar w	ith, and accept the	obligations	ot, Section 607	.0505, 110	orida Statu	ges	i.									
SIGNATURE	Stoneture, tuner	for printed name of register	ed agent and s	illo il applicable	(NOI	E: Regislered	Aner	n: signature re	equired when	reinstat.no)				DATE			
12.	Signature, types		S AND DIR			13.		org. cars. o . o		ADDITIO	NS/CHAN	IGES TO	OFFIC		D DIREC	TORS	S IN 12
TITLE	T PD				ELETE	1.1 1111	LE								Chan		Addition
NAME		PROS, CARLOS I				1.2 NAN	ME										
STREET ADDRESS		DIXIE HWY #207				1.3 STR	REFT	ADDRESS									
CITY-ST-ZIP		SABLES FL 33140	3			1.4 OIT	Y-ST	1 - 2 IP									
TITLE	1			1 🗍	ELETE	2.1 TITL									Char	ige	Addition
NAME						2.2 NAM	ME										
STREET ADDRESS						2 3 STR	REET	ADDRESS									
CITY-ST-ZIP	1					2 4 CH	IY-S	ST - Z IP									
TITLE	<u> </u>				ELETE	3 1 THT									☐ Char	ige	Addition
NAME						3.2 NAM	ME										
STREET ADDRESS						3 3 STR	REET.	ADDRESS									
CITY-ST-ZIP						3 4. CIT	ıv-s	ST - 71P									
TITLE					DELFTE	4 1 TITE	LE								Char	ige	Addition
NAME						4 2 NA	ME										
STREET ADDRESS						4.3 STR	REET.	ADDRESS									
CITY-ST-ZIP						4.4 CIT	Y - S1	T-ZIP									
TITLE					DELETE	5 1 1111	L £								Char	1 9 6	Addition
NAME						5 2 NAM	ME										
STREET ADDRESS						5 3 STP	REET	ADDRESS									
CITY-ST-ZIP						5 4 CIT	Y-,\$1	T-ZIP									
TITLE		"			DELETE	6 1 1/1	LF								☐ Char	nge	Addition
NAME				1		6 2 NA	ME										
STREET ADDRESS		\sim	1)		63 STF	REET	ADDRESS									
CITY-ST-ZIP						6 4 CIT	Y-S	T-ZIP									
14. I do here	eby certify th	at the information su on this annual repo octor of the corporat	pplied with	this filing does	not qual	ify for the e	exe	mption sta	ated in Se	ction 119).07(3)(i),	Florida	Statute	s. I furthe	er certify	that t	he or oath: the
informat Lam an	officer or dire	octor of the corporat	t or supple to or the r	eceiver of trust	ec empoy	vered to e	XQC	ute this re	eport as re	equired b	y Chapte	r 607, F	lorida S	Statutos: a	and that	ny na	ame