SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DIE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS





98 AUG 21 PH 12: 14

1. Corporation Name P96000029717 (1) CREATIVE IMAGINATIONS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address						i filmim i #sts immel iimil sooi imei
10040 S.W. 557 MIAMI FL 33165		10040 S.W. 55TH STREET MIAMI FL 33165			DO NOT WRITE IN THIS	S SDACE
					3. Date Incorporated or Qualified 04/04/1996	J GI NOL
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21			<u></u>		65-0672354	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-)		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr	ent Registered Agent	81		10. Name and Address of New Registered	Agent
ALVEREZ, ROSA M				Name		
3991 SW 2 TERRACE MIAMI FL 33134			82	Street Add	Address (P.O. Box Number is Not Acceptable)	
			83			
			84	City	Fl	85 Zip Code
office or agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signalure, typed or printed name of registered a	ale of Florida. Such change was a ligations of, section 607.0505, Flugent and title if applicable (NC	authorized by orida Statutes OTE: Registered A	the corporati	pration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint of the purpose of clion's board of directors. I hereby accept the appoint of the purpose of clion's board of directors. I hereby accept the appoint of the purpose of clion's board of directors. I hereby accept the purpose of clion's board of the purpose of clion's board of the purpose of clion's board of directors. I hereby accept the appoint of the purpose of clion's board of directors. I hereby accept the appoint of the purpose of clion's board of directors. I hereby accept the appoint of the purpose of clion's board of directors. I hereby accept the appoint of the purpose of clion's board of directors. I hereby accept the appoint of the appoint of the purpose of clion's board of directors. I hereby accept the appoint of the app	intment as registered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO GIT ICERO A	Change Addition
NAME	ALVAREZ, ROSA M		1.2 NAME		CONTRACTOR OF STREET	· · · · · · · · · · · · · · · · · ·
STREET ADDRESS	3991 SW 2 TERRACE		1.3 STREET ADDRESS		200002624 -%/\$/\$	01024-012
CITY-ST-ZIP	MIAMI FL 33134				****150.00	****150.00
TITLE	DELETE 2		2.1 TITLE			Change Addition
NAME	_		2.2 NAME	2.2 NAME		
STREET ADDRESS			23 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST	-ZIP		
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP			3.4 CITY-ST	- <u>Z</u> IP		
TITLE	☐ DELETE		4.1 TITLE			Change Addition
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-S1			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	7217		Change Addition
NAME	L.J DEECT		5.2 NAME			
STREET ALDRESS			5.3 STREET	ADDRESS	. ^	.
CITY-ST-ZIP			5.4 CITY-ST		~ 100	
TITLE	DELETE		6.1 TITLE		8 VI	Change Addition
NAME		_	6.2 NAME		80,	
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY OF TID			6.4 City-St	-710		

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.



SOUTHWEST

STREET

MIAMI FLORIDA 33165

TELEPHONE 305.774.9020

FACSIMILE 305.446.4908 O: DEPT. OF STATE

CORPORATE ANNUAL REPORTS DIV.

FROM:

ROSA MARI ALVAREZ

DATE:

AUGUST 19, 1998

REF .:

DUPLICATE SUBMISSION

FEI:

65-0672354

TO WHOM IT MAY CONCERN:

ON APRIL 13, 1998 I FILED MY CORPORATE ANNUAL REPORT, UPON RECEIVING YOUR SECOND NOTICE IN MID MAY I REALIZED THAT THE CHECK HAD NOT BEEN CASHED. CALLED THE 1 (850) 488-9000 NUMBER AND WAS TOLD THAT THEY HAD NOT RECEIVED IT BUT TO WAIT UNTIL THE END OF THE MONTH. AT THIS TIME I WAS INFORMED THAT A DUPLICATE FORM WOULD BE SENT OUT TO ME, NOT TO SEND OUT THE SECOND NOTICE WITH A DUPLICATE CHECK SINCE IT WOULD APPEAR THAT I WAS LATE. THE FORM WAS TO TAKE 4-6 WEEKS BUT IT HAS BEEN MORE THAN THAT. I RECALLED THE SAME NUMBER AND SPOKE TO A YOUNG LADY NAMED SHANEEKA WHO INFORMED ME THAT SHE COULDN'T TELL ME IF A BLANK FORM HAD BEEN SENT BUT THAT SHE SUGGESTED THAT I EXPLAIN IN WRITING WHAT HAS HAPPENED AND RE-ISSUE A CHECK TO ASSURE THAT THE CORPORATION WOULDN'T BE DISSOLVED. I INFORMED HER OF MY HAVING COPIES OF WHAT I HAD ORIGINALLY SENT AND THAT I HAD A SECOND NOTICE FORM. SHE TOLD ME TO SIGN IT AND INCLUDE IT WITH MY OTHER COPIES SINCE YOU NEED TO HAVE A SIGNED ORIGINAL ON FILE.

I THANK YOU IN ADVANCE FOR THE ATTENTION PAID TO THIS MATTER AND SHOULD YOU HAVE ANY FURTHER QUESTIONS YOU MAY REACH ME AT (305) 774-9020 FROM 8:00 AM - 4:00 PM.

SINCERELY.

ROSA-MARI ALVAREZ