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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600039329

1. Corporation Name

CREATE AN IMAGE, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90001 042 ***150.00

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Principal Place	of Business	Mailing Address			110011001110		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11840 S.W. 34TI	H ST.	11840 S.W. 34TH ST.							
MIAMI FL 33175		MIAMI FL 33175		1		DO NOT WRIT	E IN THIS :	SPACE	
				-	3. Date Incorporat		2 , , , , , ,	0.7.0.0	
				1	05/07/1996				
2. Principal Pl	ace of Business	2a. Mailing Address		•	4. FEI Number			Ap	plied For
21 2212	SW 129 Ct	26 2212 31	N 129	C+	65-0663562	_		No	t Applicable
Suite, Apt		Suite, Apt. #, etc.		***	5. Certifcate of Sta	itus Desired			Additional
22		27			5. Certificate of Sta	ilus Desired		Fee Re	equired
City & State	. — 1	City & State	=1		6. Election Campa			\$5.00	,
23 Miam	<u> </u>	20 1 (2000			Trust Fund Con			Added	to Fees
Zip 24 331	Country	33175 G	Country 30 USA	,	8. This corporation		ent year Inta	ingible □Yes	□No
24 331	75 25 USA	[29] 001,70	30 USA		Personal Prope 10. Name and Add		egistered A		
	9. Name and Address of Current	Registerea Agent	81 Nar	me 🕥 .	11 -	- 1			
MELLING ICLEGIAG						glesio			
	0 S.W. 34TH ST.		82 Stre	et Address 22	(P.O. Box Number	is Not Accepta	₩ +		
	N FL 33175		83	~ ~	12 300	1~ 1			
								11 7:-	A-1-
			84 City	Mio	uni'		FL	85 Zip	Code 3 / 7 5
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-nam	ned corpora	tion submits this sta	tement for the	purpose of	changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au ons of Section 607 0505. Flori	thorized by the co da Statutes.	orporation's	board of directors.	I hereby accep	t the appoir	itment as re	egistered
	I Taylillar Will, and accept the congain	Plane	Reina	da	I lesia		4/1	5/99	
SIGNATURE	Signature, typed or printed name of registered agent.	and title if applicable. (NOTE:	Registered Agent signal	ture required wh			DATE	'/ '/	
12.	OFFICERS AND		13.	<u> </u>	ADDITIONS/CH/	NGES TO OFF	ICERS AN		DRS IN 12
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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 or an attachment with an address with all other like empowered.

SIGNATURE: