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FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043855

1. Corporation Name

CREATIVE FINANCIAL SOLUTIONS, INC.

Principal Place of Business / Mailing Address

6161 BLUE LAGOON DR.
MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **5/16/96**

2. Principal Place of Business
21 **2801 PONCE DE LEON BLVD.**
Suite, Apt. #, etc.
22 **650**
City & State
23 **CORAL GABLES, FL**
Zip / Country
24 **33134** 25 **USA**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 30

4. FEI Number: **65-0682203** ☐ Applied For ☐ Not Applicable

5. 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KASS, MORTIMOR H.
9000 SW 87 COURT SUITE 103
MIAMI, FL 33176 US

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of individual with authority to sign, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MARLEY, DAVID A SR		1.2 NAME		
STREET ADDRESS	6161 BLUE LAGOON DR. 300		1.3 STREET ADDRESS	2801 PONCE DE LEON BLVD. 650	
CITY-ST-ZIP	MIAMI, FL		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MARLEY, DAVID A. JR		2.2 NAME		
STREET ADDRESS	6161 BLUE LAGOON DR. 300		2.3 STREET ADDRESS	2801 PONCE DE LEON BLVD. 650	
CITY-ST-ZIP	MIAMI, FL 33126		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHUFFMAN, LAWRENCE D.		3.2 NAME		
STREET ADDRESS	6161 BLUE LAGOON DR. 300		3.3 STREET ADDRESS	2801 PONCE DE LEON BLVD. 650	
CITY-ST-ZIP	MIAMI, FL		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	C	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SOULE, PAUL S.		4.2 NAME		
STREET ADDRESS	6161 BLUE LAGOON DR.		4.3 STREET ADDRESS	2801 PONCE DE LEON BLVD. 650	
CITY-ST-ZIP	MIAMI, FL		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	800002513248	
STREET ADDRESS			6.3 STREET ADDRESS	-05/06/98--01051--027	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

JCS

CR2E034 (10/97)

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 added to the report with an address.

SIGNATURE: _____ 4/22/98 (305) 446-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #