PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90042 047 ***150.00

DOCUMENT # DOC

1. Corporation	I CREATIONS SPORTSWE							
Principal Place	e of Business	Mailing Address			,		#1151 08 111 10600 1	
174 W 25TH ST 174 W 25TH ST HIALEAH FL 33010 HIALEAH FL 33010					DO NOT WRIT	re ini thic	SDACE	
US		US			Date Incorporated or Qualifed	E IN THIS	SPACE	
					07/19/1996			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Apr	lied For
26 6950 NW 37th A			venue		65-0690226		Not	Applicable
s 6950 NW 37th Avenue Miami, FL 3					5. Certifcate of Status Desired		\$8.75 A	dditional
22 Miami, FL 33147 27					5. Certificate of Status Desired		Fee Rec	quired
C 23	-	28		_ _ _	Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	
Zip Country Zip 24 25 29			Country 8, This corporation owes Personal Property Tax			the current year Intangible		
	9. Name and Address of Curre				10. Name and Address of New R	tegistered	Agent .	
			8	1 Name	Minar Alwani			}
	ANI, MINAR		8	2 Street Add	fro /D O D: 11 1 1 1 1 1	٠٠٠)		
174 W 25TH ST HIALEAH FL 33010			_		6950 NW 37th Avenue			
HIAL	EAR FL 33010		8	3	Miami, FL 33147			
			8	4 City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abo	ve-named cor	poration submits this statement for the		changing its r	registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was auth ations of, Section 607.0505, Florid	norized b la Statute	y the corporat es.	poration submits this statement for the ion's board of directors. I hereby accept	t the appoi	ntment as reg	istered
SIGNATURE		Hind	ar A	mani		2/5	<u>/<s< u=""></s<></u>	
	Signature, typed or printed no he of registered agent and title if applicable. (NOTE: Reg			ent signature requir	red when reinstating)	DATE	ID DIDECTOL	DC IN 12
12.	PSD OFFICERS A	ND DIRECTORS ☐ DELETE	13.	: 1	ADDITIONS/CHANGES TO OF	-ICERS AN	Change	Addition
NAME	AJWANI, MINAR		12 NAME				, — •	_
STREET ADDRESS	15801 BERWICK WAY			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33014		1.4 CITY-					
TITLE	1710 0711 1 2 0 0 0 1 1	DELETE 2.1T				-	Change	Addition
NAME			2.2 NAME	:				ļ
STREET ADDRESS			2.3 STRE	ET ADDRESS		,		f
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME	! [l
STREET ADDRESS			3.3 STRE	ET ADDRESS	_			
CITY-ST-ZIP			3.4. CITY					
TITLE		☐ DELETE	4.1 TITLE		•		☐ Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS			÷	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-				Change	Addition
TITLE			5.1 TITLE 5.2 NAME	i	we to		☐ evendo	
NAME				ET ADDRESS	·			
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			- ' '	Change	Addition
NAME		<u> </u>	6.2 NAME	<u> </u>				ļ
STREET ANDRESS			6.3 STRE	ET ADDRESS				}

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.

64 CITY-ST-ZIP

SIGNATURE: