FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000083969**1. Corporation Name

EXPRESS THE CREATIVITY ALL OVER THE WORLD, INC.

Principal Place	e of Business	Mailing Address							
C/O MUGUEL A MARTIN. ESO 848 BRICKELL AVE. STE 830 MIAMI FL 33131		C/O MUGUEL A MARTIN. ESO 848 BRICKELL AVE. STE 830 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE			
MINNI I COOP						3. Date Incorporated or Qualifed			
						10/10/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
						65-0810357 Not A			
21 26 Suite, Apt. #, etc. Suite, Apt. #			ic.			\$8.75 Additional			
22	27	, , , , , , , , , , , , , , , , , , ,			5. Certifcate of Status Desired	+	Required		
City & Stat	City & State	& State			6. Election Campaign Financing	\$5.0	0 May Be		
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip				This corporation owes the current year Intangible			
24 25 29			30			Personal Property Tax. Yes No			
	9. Name and Address of Curren	t Registered Agent		_		10. Name and Address of New Registered A	gent		
	·		8	31	Name				
MARTIN, MIGUEL A. ESQ			8	82 Street Address (P.O. Box Number is Not Acceptable)					
	BRICKELL		L	\perp					
	E 830		8	33					
MIAN	AI FL 33131		8	34	City	85 Zip Code			
					•	FL 33 Expected and the purpose of changing its registered			
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statuti	es.		n's board of directors. I hereby accept the appoint when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D □ DELETE		1.1 TITLE				Chan	ge	
NAME	GUINGAND, CHRISTIAN		1.2 NAME						
STREET ADDRESS 848 BRICKELL AVE, STE 848			1.3 STREET ADDRESS		ODRESS				
CITY-ST-ZIP	MIAMI FL 33131		1.4 C/TY-\$T-ZIP						
TITLE	D DELETE 2:			E			Chang	ge	
NAME	BONEL, MURIEL 22		2.2 NAM	2.2 NAME					
STREET ADDRESS	848 BRICKELL AVE, STE 848		2.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	1111 0111 7 2 00 10 1		2. 4 CITY-ST-ZIP		ZIP				
TITLE		☐ DELETE	3.1 TITLE	E			Chang	ge 🗀 Addition	
NAME.		25 A =	3.2 NAM	E	_ [·	_ ~~		
STREET ADDRESS	RESS		3.3 STREET ADDRESS		NODRESS	· · · · · · · · · · · · · · · · · · ·		- r 1	
CITY-ST-ZIP		3.4		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Chang	ge 🔲 Addition	
NAME	,		4. 2 NAME						
STREET ADDRESS	RESS		4.3 STREET ADDRESS		NDDRESS				
CITY-ST-ZIP	,		4.4 CITY	-ST-	ZIP				
TITLE		☐ DELETE	5.1 TTL	٤			Chan	ge 🔲 Addition	
NAME	, ,		5.2 NAM	E			•		
STREET ADDRESS			5.3 STR	EET A	NODRESS				

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Christian Guingand

04/12/99

304-374-4422

FILED

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90098 027 ***150.00

Daytime Phone #

CR2E034 (11/98)

Addition