

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 # **PA7000037640**  
1. Corporation Name  
**CREATIVE SOURCING INTL INC.**

Principal Place of Business Mailing Address  
**13058 S.W. 133<sup>rd</sup> Ct**  
**MIAMI FL 33186**

2. Principal Place of Business 2a. Mailing Address  
21 **SAME** 26 **SAME**  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

9. Name and Address of Current Registered Agent

**STANTON FREEDMAN**  
**13058 S.W. 133<sup>rd</sup> Ct.**  
**MIAMI FL 33186**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
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

*Stanton Freedman*  
Signature typed or printed name of registered agent and title if applicable

**STANTON FREEDMAN**  
(NOTE: Registered Agent Signature is not required)

**3/22/99**  
Date

12. OFFICERS AND DIRECTORS

|                |                                        |
|----------------|----------------------------------------|
| TITLE          | [ ] DELETE                             |
| NAME           | <b>PRES. &amp; SECY</b>                |
| STREET ADDRESS | <b>STANTON FREEDMAN</b>                |
| CITY-ST-ZIP    | <b>13058 S.W. 133<sup>rd</sup> Ct.</b> |
|                | <b>MIAMI FL 33186</b>                  |
| TITLE          | [ ] DELETE                             |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY-ST-ZIP    |                                        |
| TITLE          | [ ] DELETE                             |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY-ST-ZIP    |                                        |
| TITLE          | [ ] DELETE                             |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY-ST-ZIP    |                                        |
| TITLE          | [ ] DELETE                             |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY-ST-ZIP    |                                        |

13.

|                   |  |
|-------------------|--|
| 11 TITLE          |  |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-ST-ZIP    |  |
| 21 TITLE          |  |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY-ST-ZIP    |  |
| 31 TITLE          |  |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 41 TITLE          |  |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 51 TITLE          |  |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-ST-ZIP    |  |
| 61 TITLE          |  |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 CITY-ST-ZIP    |  |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**2000002824472--9**  
**-03/30/99--01107--022**  
**\*\*\*\*150.00 \*\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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

SIGNATURE:

*Stanton Freedman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES**

**3/22/99**

**85-976-0210**

CR2E034 (11/98)