


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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000071375 (4)

1. Corporation Name

CREATIVE DYE WORKS COMPANY

Principal Place of Business

8511 NW 56TH ST.
MIAMI FL 33166

Mailing Address

8511 NW 56TH ST.
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1997	
21		26		4. FEI Number 65-0777249	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

LOPEZ, ALFREDO
8511 NW 56TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81	Name	Jesus Lopez.	
82	Street Address (P.O. Box Number is Not Acceptable)	8511 NW 56 St.	
83			
84	City	Miami	FL 85 Zip Code 33166

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

[Signature]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ALFREDO	1.2 NAME	Jesus Lopez.
STREET ADDRESS	8511 NW 56TH ST.	1.3 STREET ADDRESS	15126 NW 90 Ct.
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	Miami, FL. 33018
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Barbara Lopez.
STREET ADDRESS		2.3 STREET ADDRESS	15126 NW 90 Ct.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL. 33018
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Romelia Lopez.
STREET ADDRESS		3.3 STREET ADDRESS	739 W 30 St,
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hialeah, FL. 33012
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature]
Signature typed or printed name of registered agent and title if applicable.

1-15-98

305- 513-4803

CR2E034 (10/97)