## 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 # P97000071375

1. Corporation Name

Principal Place of Business	Mailing Address	
9511 NW 56TH ST.	8511 NW 56TH ST.	
AIAMI FL 33166	MIAMI FL 33166	

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90248 040 \*\*\*150.00

CREATIV	E DYE WORKS COMPANY						
				1 10001000 110 10011 BERLA DOLLA	YA 1 <b>000</b> 0 17 <b>000</b> 27271 Y <b>and</b> a 2727		
Principal Place	e of Business	Mailing Address					
8511 NW 56TH		8511 NW 56TH ST.					
MIAMI FL 33166	6	MIAMI FL 33166		DO NOT WRITE IN TH	S SPACE		
				3. Date Incorporated or Qualifed			
ŀ				08/18/1997			
2. Principal Pt	ace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0777249	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22		27	<del></del>	C. Classics Consoler Singuistics			
City & State	e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	This corporation owes the current year in the current year.			
24	25	29 30	¬ ˙	Personal Property Tax.	Yes □No		
	9. Name and Address of Currer			10. Name and Address of New Registere	d Ageĥt		
			81 Name				
	EZ, JESUS		82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
	NW 56TH ST.						
MIAN	MI FL 33166	•	83	•	,		
		•	84 City		85 Zip Code		
		- 1007 AFOO FL. 11 OL 14		F			
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. La	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	egistered Agent signature require	od when reinstating) DATE			
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	LOPEZ, ALFREDO		1.2 NAME		)		
STREET ADDRESS	8511 NW 56TH ST.		1.3 STREET ADDRESS		]		
CITY-ST-ZIP	MIAMI FL 33166		1,4 CITY-ST-ZIP				
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	LOPEZ, JESUS		22 NAME				
STREET ADDRESS	15126 NW 90 CT		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33018	☐ DELETE	2. 4 CITY-ST-ZIP		Change Addition		
TITLE	SD Lopez, Barbara	☐ nëre≀e	3.1 TITLE 3.2 NAME		C. cutalida C. Liferingii.)		
NAME	15126 NW 90 CT				1		
STREET ADDRESS	MIAMI FL 33018		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		1		
CITY-ST-ZIP	TD	DELETE	41 TITLE		☐ Change ☐ Addition		
NAME	LOPEZ, ROMELIA	<del></del>	4. 2 NAME				
STREET ADDRESS	739 W 30TH ST		4.3 STREET ADDRESS		ĺ		
CITY-ST-ZIP	HIALEAH FL 33012		4.4 CITY-ST-ZIP		Í		
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				
STREET ADDRESS			6.3 STREET ADDRESS		ļ		
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE: (X