

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000076151

CREATIVELY YOURS INC

## FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90056 023 \*\*\*150.00

OneAin	VELT TOURS, INC.				. (68) 284 184 184 184 184			
Principal Plac	ce of Business	Mailing Address			- <del> </del>	III OOIH OOHI IOCE		
12249 S.W. 130		12249 S.W. 130 STREET						
MIAMI FL 33186 MIAMI FL 33186					·			
						TE IN THIS SPA	ACE	
	•				3. Date Incorporated or Qualifed			
					09/02/1997			<u> </u>
	Place of Business	2a. Mailing Address			4. FEI Number			olied For
21	<del></del>	26			65-0787387	<u>-</u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		8.75 A	
City & Stat		City & State						<u>`                                    </u>
23	e.	28			6. Election Campaign Financing		\$5.00 N	
Zip	Country	Zip	Country		Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible			
24	25		0	•	Personal Property Tax.		_	□No
	9. Name and Address of Current I	<del></del>	-		10. Name and Address of New F			
-	CONTRACTOR OF STREET		8	Name				
	nley, S. Alan Esq.	•	82	2 05	diameter in New York	LI-X		
	SOUTH BAYSHORE DRIVE	•	84	Street A	ddress (P.O. Box Number is Not Accepta	ible)		
	TE 402		83	3	(提出)人間 计编制信息	10 10 11		15. 15. 15.
MAN	WI FL 33133	· · · · · · · · · · · · · · · · · · ·			- 12 13 V 22 23 16 C	<b>电数点翻译的模</b>		(a) (4) (4)
		•	84	City		FL  8	5 Zip Ci	ode ' ' '
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	/e-named co	orporation submits this statement for the ation's board of directors. I hereby accept	purpose of chai	nging its r	egistered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligatio	Florida: Such change was aut ins of Section 607 0505. Florid	horized by la Statute	/ the corpor s	ation's board of directors. I hereby accep	t the appointme	ent as regi	istered
030	· · ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•			
CICNIATURE								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Age	ent signature req	uired when reinstating)	DATE	<del></del>	
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	DIRECTORS	egistered Age	ent signature req	uired when reinstating) ' ; / ADDITIONS/CHANGES TO OF		IRECTOR	RS IN 12
	OFFICERS AND	<del></del>	<u> </u>	ent signature req		ICERS AND D	IRECTOR Change	RS IN 12
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4. 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** 

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>X</u>

1/12/99

Daytime Phone #

CR2E034 (11/98