

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

FILED  
May 12 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000081626 (8)

1. Corporation Name

CREATIVE STONES CORPORATION

Principal Place of Business  
1320 S. DIXIE BLVD., SUITE 450  
CORAL GABLES FL 33146

Mailing Address  
1320 S. DIXIE BLVD., SUITE 450  
CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE


<b>2. Principal Place of Business</b> 21 1091 E. 26 St Suite, Apt. #, etc. 22 City & State 23 Hialeah, FL Zip Country 24 33013 25		<b>2a. Mailing Address</b> 26 1091 E. 26 St Suite, Apt. #, etc. 27 City & State 28 Hialeah, FL Zip Country 29 33013 30		<b>3. Date Incorporated or Qualified</b> 09/18/1997 <b>4. FEI Number</b> 05-0800557 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. Name and Address of Current Registered Agent</b> CASTILLO, ANGEL JR. 1320 S. DIXIE BLVD., SUITE 450 CORAL GABLES FL 33146		<b>10. Name and Address of New Registered Agent</b> 81 Name Arencibia Roberto 82 Street Address (P.O. Box Number is Not Acceptable) 1091 E. 26th St 83 84 City Hialeah FL 85 Zip Code 33013		

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  4/27/1998  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE PD NAME ARENCIBIA, ROBERTO STREET ADDRESS 1091 E. 28TH ST. CITY-ST-ZIP HIALEAH FL 33013	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME ARENCIBIA, ALEXANDER STREET ADDRESS 1320 S. DIXIE BLVD., SUITE 450 CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME Arencibia, Alexander 2.3 STREET ADDRESS 2140 S.W. 20 St 2.4 CITY-ST-ZIP Miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME ARENCIBIA, IRMA C STREET ADDRESS 1320 S. DIXIE BLVD., SUITE 450 CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME Arencibia, Irma C. 3.3 STREET ADDRESS 3920 E. 10 Ave 3.4 CITY-ST-ZIP Hialeah, FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the attachment with an address.

SIGNATURE:  Arencibia Roberto 4/27/1998 (305) 836-0449

CR2E034 (10/97)