

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083605
1. Corporation Name
Creative Net Corp.

| Principal Place of Business | Mailing Address |
|--|--|
| Creative Net Corp. 4550 N.W. 9th St #518 Miami, FL 33126 | 4550 N.W. 9th #518 Miami, FL 33126 |

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---------------------------------------|-----------|----------------------------|-----------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0783667 | | Applied For | |
| 21 | | 26 | | | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | | | | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 | | 28 | | | | | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 | | 29 | | | | | |
| | 25 | | 30 | | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gilberto L. Cabrera
4550 N.W. 9th Ave #518
Miami, FL 33126.

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE _____

| | | | |
|-----|------------------------|-----|---|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|-----|------------------------|-----|---|

| | | | |
|------------------------|---------------------------------|---|---|
| OFFICERS AND DIRECTORS | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Caribe L. Osbreca | 1.2 NAME | |
| STREET ADDRESS | 4550 N.W. 9th Street Suite #518 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI, FL 33126 | 1.4 CITY - ST - ZIP | |

| | | | |
|-----------------|---------------------------------|---------------------|---|
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |

| | | | |
|-----------------|---------------------------------|---------------------|---|
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |

| | | | |
|-----------------|---------------------------------|---------------------|---|
| 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 | G 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | G 2 NAME | 000002541910 |
| STREET ADDRESS | | G 3 STREET ADDRESS | -06/01/98--01032--034 |
| CITY - ST - ZIP | | G 4 CITY - ST - ZIP | ***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)(i), Florida Statutes. I further certify that the information indicated on this annual report or subsequent 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 for the filer 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Devil's Plunge II

CP2E034 (10/97)