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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000096011

FILED Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90017 015 ***550.00

CREATIVE MEDIA, INC.) (BB)B) B(((BB)) B(((BB)) B(B)) B(B)((BB)) B(B)			
Principal Place of Business Mailing Address			* 5 594009 - 90017 - 15	9 *	
818 Pennsylvañia Ave. 818 Pennsylv	Pennsylvania Ave. 818 Pennsylvania Ave.		594009 - 90017 - 13		
Miami Beach, FL 33139 Miami Beach, FL 33139		DO NOT WINTEN THE OPACE			
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			3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address			11/10/1997		.P. d Fan
			4. FEI Number 65-0798044		pplied For
	26 2 S. Biscayne Blvd Suite, Apt. #, etc.		63-0798044		ot Applicable Additional
	27 Suite 3400.		5. Certificate of Status Desired	•	equired
City & State City & State		6. Election Campaign Financing			
			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country Zip		ountry	8. This corporation owes the current year In	tangible	
24 33139 25 USA 29 33131	30	USA	Personal Property Tax.	☐Yes	⊠ No
Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent	
Valdes-Fauli Corporate Services, Inc.	•	81 Name			
One Biscayne Tower, Suite 3400		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
2 S. Biscayne Boulevard		ou out y load	(.c. Dox (amber to real about)		
Miami, Florida 33131		83			
Miami, Fiorida 33131		84 City	<u> </u>	85 Zip	Code
		D4 City	FL	_ 03 Zip	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Sta office or registered agent, or both, in the State of Florida. Such change wa agent. I am familiar with, and accept the obligations of, Section 607.0505, SIGNATURE 	as authorize	ed by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	r changing its intment as re	s registered egistered
3 7 7		ed Agent signature require			
12. OFFICERS AND DIRECTORS	13	3.	ADDITIONS/CHANGES TO OFFICERS A		
12. OFFICERS AND DIRECTORS TITLE D / 1 1/2 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	1.1	TITLE P/	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12. OFFICERS AND DIRECTORS TITLE D'AME De La Mesliere, O. Chalmot	13 E 1.11 1.21	DE. TITLE P/	ADDITIONS/CHANGES TO OFFICERS A /S La Mesliere, 0. Chalmot		
12. OFFICERS AND DIRECTORS TITLE D D DELETE NAME De La Mesliere, O. Chalmot STREET ADDRESS 41 Rue François 1ER	13 1.1 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	D. TITLE P/ NAME De STREET ADDRESS 4 1	ADDITIONS/CHANGES TO OFFICERS A /S La Mesliere, O. Chalmot Rue Francois 1ER		
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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:

CITY-ST-ZIP

9. d. la well 7. O. Chalmot d

O. Chalmot <u>de la Mesliere</u>

376-6000

CR2E034 (11/98)