


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

02-22-1999 90118 021 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # P98000033160 1. Corporation Name CREATIVE INVESTORS, INC.																																																																																																																											
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9. Name and Address of Current Registered Agent RODRIGUEZ, ADA E 920 N.E. 181ST STREET NORTH MIAMI BEACH FL 33162		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																											
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PSTD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, ADA E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>920 N.E. 181ST STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI BEACH FL 33162</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> DELETE	NAME	RODRIGUEZ, ADA E		STREET ADDRESS	920 N.E. 181ST STREET		CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>President</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Rodriguez, Ada E</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>920 NE 181 St.</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>N. Miami Bch, FL 33162</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>Vice President</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Rodriguez, Arlene</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>920 NE 181 St.</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>N. Miami Bch, FL 33162</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>Secretary</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>Rodriguez, Raul</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>920 NE 181 St.</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>N. Miami Bch, FL 33162</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>Treasure</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td>Rodriguez, Eva E.</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>920 NE 181 St.</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td>N. Miami Bch, FL 33162</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>Director</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td>Rodriguez-Garcia, Alina</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td>920 NE 181 St.</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td>N. Miami Bch, FL 33162</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	Rodriguez, Ada E		1.3 STREET ADDRESS	920 NE 181 St.		1.4 CITY-ST-ZIP	N. Miami Bch, FL 33162		2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME	Rodriguez, Arlene		2.3 STREET ADDRESS	920 NE 181 St.		2.4 CITY-ST-ZIP	N. Miami Bch, FL 33162		3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	Rodriguez, Raul		3.3 STREET ADDRESS	920 NE 181 St.		3.4 CITY-ST-ZIP	N. Miami Bch, FL 33162		4.1 TITLE	Treasure	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME	Rodriguez, Eva E.		4.3 STREET ADDRESS	920 NE 181 St.		4.4 CITY-ST-ZIP	N. Miami Bch, FL 33162		5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME	Rodriguez-Garcia, Alina		5.3 STREET ADDRESS	920 NE 181 St.		5.4 CITY-ST-ZIP	N. Miami Bch, FL 33162		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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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: _____

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 654 9657