Feb 22, 1999 8:00 am Secretary of State

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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.			
Principal Place of Business Mailing Address		- E LODITORI SIO IZIRI IRIN EDIN DOM DESIN DESIN	11788 71687 11818 Anti apit 1881
920 N.E. 181ST STREET 920 N.E. 181ST ST	REET		
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEA			
		DO NOT WRITE IN THIS	SPACE
		3. Date Incorporated or Qualifed	
		04/10/1998	
Principal Place of Business 2a. Mailing Addre	53	4/FEI/Hember 97717	Applied For
21 26		1 W WEITIN	Not Applicable
Suite, ApI, #, etcSuite, ApI. #, e	7(0)	5. Certificate of Status Desired	\$8.75*Additional
22 27 27	-600		
City & State	9/	8. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 28 28	Country	= 28. This corporation owes the current year in	
	30	Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	
5. Habity Bittl Address of Contributing Contribution	81 Name		-
. Rodriguez, ada e		(D.O. Beachtonia Nat Affaratable)	
920 N.E. 181ST STREET	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
NORTH MIAMI BEACH FL 33162	83		
· ·			B5 Zip Code
	84 City	FL FL	B5 Zip Code
44 Discussed to the provisions of Sections 607 0502 and 607 1508 Floods	a Statutes, the above-named com-	oration submits this statement for the purpose of	CHSUCKED IN ICRISINAL AND 1
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridioffice or registered agent, or both, in the State of Florida. Such changagent. I am familiar with, and accept the obligations of, Section 607.08. SIGNATURE 	ous, Florida Statutes-		ntment as registered
signature. Signature, typed or printed name of regulared agent and title if applicable.	(NOTE: Registered Agent signature requires	g when reinstating) DATE	
SIGNATURE Signature, typed or printed name of regulered agent and title if applicable. 12. OFFICERS AND DIRECTORS	(NOTE: Registered Agent signature required	d which reinstading) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
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SIGNATURE Signature, typed or printed name of regaliered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE PSTD DEI NAME STREET ADDRESS 920 N.E. 181ST STREET	(NOTE: Registered Agent signature required 13. LETE 1.1 TITLE 1 1.2 NAME 12	ADDITIONS/CHANGES TO OFFICERS AN RESIDENT Odviguez, Ada E	ID DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of regaliered agent and trie if applicable. 12. OFFICERS AND DIRECTORS TITLE PSTD DEI NAME RODRIGUEZ, ADA E STREET ADDRESS 920 N.E. 181ST STREET NORTH MIAMI BEACH FL 33162	(NOTE: Registered Agent agreeture required 13. LETE 1.1 TITLE 12. 1.2 NAME 12. A CITY-ST-ZIP	adultions/changes to officers and tesiclent adultions Add E 20 NE 181 St. 1. Miami Ben, FL 33162	ID DIRECTORS IN 12 Change Addition
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14. Thereby 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.