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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090228

1. Corporation Name

CLOUD NINE CREATIONS, INC.

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90035 035 ***150.00



Principal Place of Business

500 MAJORCA AVE
CORAL GABLES FL 33134

Mailing Address

500 MAJORCA AVE
CORAL GABLES FL 33134

2. Principal Place of Business

21 4141 NE 2ND AVE

Suite, Apt. #, etc.

22 Suite #103

City & State

23 MIAMI, FL

Zip

24 33137

25 DADE

2a. Mailing Address

26 4141 NE 2ND AVE

Suite, Apt. #, etc.

27 Suite #103

City & State

28 MIAMI, FL

Zip

29 33137

Country

30 DADE

9. Name and Address of Current Registered Agent

BOWLER, MICHAEL ESQ.
10585 SW 109TH CT, STE 214
MIAMI FL 33176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEITZ, LARRY	1.2 NAME	
STREET ADDRESS	500 MAJORCA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIGNO, ANGELA	2.2 NAME	
STREET ADDRESS	500 MAJORCA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE		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		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Angela Cigno* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 305-576-6676

Daytime Phone #

CR0F024 (11/98)