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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S19997 (3)
1. Corporation Name
CREATIVE INTERVENTIONS, INC.



Principal Place of Business Mailing Address
6469 S.W. 128 COURT MIAMI FL 33183 **6469 S.W. 128 COURT MIAMI FL 33183-1371**

3. Date Incorporated or Qualified **12/18/1990** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 **9992 S.W. 88 Street** 26 **PO Box 163541**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0291012** Applied For Not Applicable

22 **H 204** 27
City & State City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **MIAMI, FL** 28 **MIAMI, FL**
City & State City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33176** 25 **USA.** 29 **33116-3541** 30 **USA.**
Zip Country Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CALAFELL-FLERES, ELSIE
6469 S.W. 128 COURT
MIAMI FL 33183

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9992 S.W. 88 Street # H204
83
84 City **MIAMI** FL 85 Zip Code **33176**

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 *Elsie Calafell-Fleres* **EL**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CALAFELL-FLERES, ELSIE	
STREET ADDRESS	6469 S.W. 128 COURT	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CALAPELL, PETER M.	
STREET ADDRESS	6469 S.W. 128 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORENO, DENISE J	
STREET ADDRESS	8650 SW 133 AVE RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	TRES	<input type="checkbox"/> DELETE
NAME	CALAFELL, ELSIE G	
STREET ADDRESS	13380 G SW 91ST TERR	
CITY-ST-ZIP	MIAMI FL	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9992 S.W. 88 St. # H204
1.4 CITY-ST-ZIP	MIAMI, FL 33176
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13380 G SW 91ST TERR
2.4 CITY-ST-ZIP	MIAMI, FL 33186
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11326 S.W. 114 Ave Circle
3.4 CITY-ST-ZIP	MIAMI, FL 33176
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Elsie Calafell-Fleres* **4/18/97** (305) 270-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)