

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**  
07-09-1999 90005 010 \*\*\*550.00

DOCUMENT # **S97325**  
Corporation Name  
**CREATIVE IMAGE ENTERPRISES, INC.**



Principal Place of Business  
**11 SW 31ST AVE**  
**CONUT GROVE FL 33133**

Mailing Address  
**2801 S.W. 31ST AVE**  
**2B**  
**COCONUT GROVE FL 33133**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/02/1991**

4. FEI Number  
**65-2966441**

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

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

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

9. Name and Address of Current Registered Agent

**MONTELLS, LIONEL**  
**2801 SW 31ST AVENUE #2B**  
**COCONUT GROVE FL 3313**

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

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
LE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ME	MONTELLS, LIONEL		1.2 NAME		
REET ADDRESS	470 SW 88TH PLACE EAST		1.3 STREET ADDRESS		
TY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ME			2.2 NAME		
REET ADDRESS			2.3 STREET ADDRESS		
TY-ST-ZIP			2.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ME			3.2 NAME		
REET ADDRESS			3.3 STREET ADDRESS		
TY-ST-ZIP			3.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ME			4.2 NAME		
REET ADDRESS			4.3 STREET ADDRESS		
TY-ST-ZIP			4.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ME			5.2 NAME		
REET ADDRESS			5.3 STREET ADDRESS		
TY-ST-ZIP			5.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ME			6.2 NAME		
REET ADDRESS			6.3 STREET ADDRESS		
TY-ST-ZIP			6.4 CITY-ST-ZIP		

4. 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (5/99)