

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V45721 (0)**  
1. Corporation Name  
**CREATIVE ENTERPRISES MANAGEMENT, INC.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/19/1992</b>	3a. Date of Last Report <b>04/22/1994</b>
4. FEI Number <b>65-0362380</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability or intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
<b>3191 CORAL WAY STE. 641- 618 MIAMI FL 33145 US</b>		<b>1420 E. 6TH CT. HIALEAH FL 33010</b>	
21. Suite, Apt. #, etc. <b>618</b>	26. Suite, Apt. #, etc. <b>618</b>	22. City & State <b>MIAMI FLA</b>	27. City & State <b>MIAMI FLA</b>
23. Zip <b>33145</b>	28. Country <b>USA</b>	29. Zip <b>33145</b>	30. Country <b>USA</b>

**9. Name and Address of Current Registered Agent**

**CALIL JORGE A  
3191 CORAL WAY  
STE. 641  
MIAMI FL 33145**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 \_\_\_\_\_  
(Signature: Name or printed name of registered agent and the applicant) (NOTE: Registered Agent signature required when registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>CALIL, JORGE A.</b>
STREET ADDRESS	<b>1420 E-6TH CT.</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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
12 NAME	<b>3191 CORAL WAY SUITE 618</b>
13 STREET ADDRESS	<b>MIAMI FLA. 33145</b>
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information furnished in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or in an attachment with an address.

**SIGNATURE:** **1/19/95** **3045 4486184**  
(Name) (Date) (Employee I.D. #)