

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jan 22 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

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



Principal Place of Business  
**DIXIE ROSS HOTEL**  
**100 E. 17TH ST. APT. #1**  
**HIALEAH FL 33010**  
**US**

Mailing Address  
**DIXIE ROSS HOTEL**  
**100 E. 17TH ST. APT. #1**  
**HIALEAH FL 33010-9136**  
**US**

3. Date Incorporated or Qualified  
**06/19/1992**

3a. Date of Last Report  
**07/16/1996**

2. Principal Place of Business  
 21 Suite, Apt #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt #, etc.  
 27 City & State  
 28 Zip Country  
 29

4. FEI Number  
**65-0362380**

Applied For  
 Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALL, JORGE A**  
~~**18931 LEANING PINE DR.**~~  
~~**MIAMI LAKES FL 33014**~~

81 Name  
**CALIL JORGE A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**100 EAST 17 ST**

83

84 City  
**Hialeah**

85 Zip Code  
**FL 33010**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | PS                            | <input type="checkbox"/> DELETE |
| NAME           | <b>CALIL, JORGE A.</b>        |                                 |
| STREET ADDRESS | <b>13931 LEANING PINE DR.</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI LAKES FL 33014</b>   |                                 |
| TITLE          | VT                            | <input type="checkbox"/> DELETE |
| NAME           | <b>CALIL, MARIA T</b>         |                                 |
| STREET ADDRESS | <b>13931 LEANING PINE DR.</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI LAKES FL 33014</b>   |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

|                    |                           |                                                                              |
|--------------------|---------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>A.S.</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>CALIL JORGE A.</b>     |                                                                              |
| 1.3 STREET ADDRESS | <b>100 EAST 17 STREET</b> |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>HIALEAH FL 33010</b>   |                                                                              |
| 2.1 TITLE          | <b>U.T.</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>CALIL, MARIA T</b>     |                                                                              |
| 2.3 STREET ADDRESS | <b>100 EAST 17 STREET</b> |                                                                              |
| 2.4 CITY-ST-ZIP    | <b>HIALEAH FL 33010</b>   |                                                                              |
| 3.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                           |                                                                              |
| 3.3 STREET ADDRESS |                           |                                                                              |
| 3.4 CITY-ST-ZIP    |                           |                                                                              |
| 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 a 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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)