

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

03-16-1999 90046 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000046929

1. Corporation Name

DAL PEZZO DESIGN, INC.
 Principal Place of Business
 18620 SOUTHWEST 94 COURT
 MIAMI FL 33157

 Mailing Address
 18620 SOUTHWEST 94 COURT
 MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1994

4. FEI Number

65-0505799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

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

2. Principal Place of Business

 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address

 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent

 ROLANDO, DAL PEZZO
 18620 SOUTHWEST 94 COURT
 MIAMI FL 33157

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

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

☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 P
 DAL PEZZO, ROLANDO
 18620 SOUTHWEST 94 COURT
 MIAMI FL

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
☐ Change ☐ Addition
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
☐ Change ☐ Addition
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
☐ Change ☐ Addition
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
☐ Change ☐ Addition
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rolando Dal Pezzo

Date

05/30/99

Daytime Phone #

305 2517718

CR2E034 (1/98)