


FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90101 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000033675

1. Corporation Name
VIRTUAL 44 DESIGNS, INC.



Principal Place of Business 3433 NW 44TH ST #201 FT LAUDERDALE FL 33309	Mailing Address 3433 NW 44TH ST #201 FT LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	77 Whitehead Circle	28	77 Whitehead Circle	04/13/1998		65-0826769		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		58.75 Additional Fee Required			
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees:			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>			
23	Weston FL	28	Weston FL	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Zip Country		Zip Country							
24	33326	25	Broward	29	33326	30	Broward		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301				81	Name			
				82	Street Address (P. O. Box Number is Not Acceptable)			
				83				
				84	City	85	Zip Code	
	Weston		FL	33326				

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: Matthew Santamarina (NO FE: Registered Agent signature required when reinstating) DATE: 4-20-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANTAMARINA, MATTHEW			1.2 NAME	Matthew Santamarina		
STREET ADDRESS	3433 NW 44TH ST #201			1.3 STREET ADDRESS	77 Whitehead Circle		
CITY-ST-ZIP	FT LAUDERDALE FL 33309			1.4 CITY-ST-ZIP	Weston, FL 33326		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: Matthew Santamarina **REQUIRE** DATE: 3-28-99 TELEPHONE: 954-217-3840

Matthew Santamarina

10/11/1999