PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000084957

INNOVA DESIGNS CO.

Principal Place of Business

Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90218 020 ***158.75

OO NOT WRITE IN THIS SPACE

6454 SW 31 STREET	6454 SW 31 STREET		
MIAMI FL 33155	MIAMA FL 33155		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			10/05/1998
2. Principal Place of Business	2a. Mailing Address		
21 6424 SW 3187	26 V4 54	500 318t	65-0869405 Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State		CE OO
23 KIAMI FL	28 Miani . I	<u>-</u> L	Trust Fund Contribution Added to Fees
Zin _ Country	Zip	Country	8. This corporation owes the current year Intangible
24 33155 25 USA	29 33155 30	420	Personal Property Tax.
9. Name and Address of (Current Registered Agent		10. Name and Address of New Registered Agent
0400000 04510 5		81 Name	
CARDOSO, OMELIO E		82 Street Add	iress (P.O. Box Number is Not Acceptable)
6454 SW 31 STREET		<u> </u>	<u></u>
MIAMI FL 33155		83	
•		84 City	85 Zip Code
			poration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE	i State of Florida. Such Change was aumic obligations of, Section 607.0505, Florida	onzed by the corporate Statutes.	on 8 poard of directors, I hereby accept the appointment as registered
Signature, typed or printed name of registr		gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12
me Ondio 6	varauso "	12 NAME	
NAME Drace and		1.3 STREET ADDRESS	•
STREET ADDRESS President	6454 Bu 2154	1.4 CTY-ST-ZIP	
TITLE	DELETE	21 TITLE	☐ Change ☐ Addition
	Wami To	22 NAME	
NAME .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23 STREET ADDRESS	
STREET ADDRESS	33155	:	
CITY-ST-ZIP	FI DELETE	2.4 CTY-ST-ZP	Change Addition
1	_ 5===1	32 NAME	_ , _
NAME		33 STREET ADDRESS	
STREET ADDRESS		3.4. CITY-ST-ZP	•
CITY-ST-ZIP TITLE	□ DELETE	4.1 TITUE	☐ Change ☐ Addition
ì	ي دست	4.2 NAME	_ · · <u>-</u>
NAME	j	4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CTIY-ST-ZIP	
CITY-ST-ZIP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		52 NAME	_ · <u>-</u>
STREET ADDRESS		5.3 STREET ADDRESS	
1		5.4 City-st-zip	. •
CITY-ST-ZIP	DELETE	6.1 TIPLE	☐ Change · ☐ Addition
NAME		6.2 NAME	_ • •
		6.3 STREET ADDRESS	·
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP		UN OIL 11-SI-LET	

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 supplied ental 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 redeiver or trustee empowered to execute this report as required by Chapter 807, 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:

ATURE REQUIRED PROPERTOR DIRECTOR