

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90269 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000104211

1. Corporation Name

QUALITY DESIGN AND ALTERATIONS, INC.

Clothing's Designs and Alterations, Inc.



Principal Place of Business 8550 W. FLAGLER ST., STE. 110 MIAMI FL 33144	Mailing Address 8550 W. FLAGLER ST., STE. 110 MIAMI FL 33144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6065 S.W. 8 Street Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33144 Country 25 Dade		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 12/14/1998	
4. FEI Number 65-0849782		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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

ORTEGA, ILDEFONSO B
8550 W. FLAGLER ST., STE. 110
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ORTEGA, ILDEFONSO B	1.2 NAME	
STREET ADDRESS	8550 W. FLAGLER ST., STE. 110	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	President OLGA BORTEGA
STREET ADDRESS		2.3 STREET ADDRESS	8550 W. FLAGLER #110
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33144
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/98

315-262-1444

CR2E034 (11/98)