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

Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 541336 (4) COMFORT DESIGNS, INC. Principal Place of Business Mailing Address BOX 350115 BOX 350115 MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1977 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 59-2129888 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VILA, PETER L. 3651 NW 18TH TERR Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33125** 83 RA City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change Addition VILA, PETER L. NAME 1.2 NAME CR2E034 3651 NW 18TH TERR STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP VSD DELETE Change Addition 21 TITLE TITLE VILA, MARTHA M. 2 2 NAME NAME 3651 NW 18TH TERR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$T - 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 DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling opes 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 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 the corporation or the receiver or the corporation or the receiver of the corporation or the receiver or the corporation of the corporation of the receiver of the corporation of the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver of the corporation or the receiver of the receiver of the corporation or the receiver of the receiver of the corporation or the receiver of the rec

PETER L. VILA

SIGNATURE:

**FILED** 

(395) 633 - 2520