

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90010 038 ***150.00

0163219

DOCUMENT # F09070

1. Corporation Name NEW DESIGNS, INC.

Principal Place of Business 2534 N. MIAMI AVENUE MIAMI FL 33127

Mailing Address 2534 N. MIAMI AVENUE MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1980

4. FEI Number

59-2048647

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 [checked] No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

DIAZ, JORGE 2534 N. MIAMI AVENUE MIAMI FL 33127

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

TITLE PD NAME DIAZ, JORGE STREET ADDRESS 2534 N. MIAMI AVENUE CITY-ST-ZIP MIAMI FL [checkbox] DELETE

TITLE SD NAME MORENO, LUCIO STREET ADDRESS 2534 N. MIAMI AVENUE CITY-ST-ZIP MIAMI FL [checkbox] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [checkbox] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [checkbox] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [checkbox] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [checkbox] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [checkbox] Change [checkbox] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE [checkbox] Change [checkbox] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE [checkbox] Change [checkbox] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE [checkbox] Change [checkbox] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE [checkbox] Change [checkbox] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE [checkbox] Change [checkbox] Addition 6.2 NAME 6.3 STREET ADDRESS 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)(f), 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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99

Date

Daytime Phone #

CR2E034 (1/198)