Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90134 008 \*\*\*158.75

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

1. Corporatio	MENI#F	78934	ı									
	ON DESIGN, IN	C.										
Principal Flace of Business Mailing Address							!!					
12124 SW 131ST AVE. 12124 SW 131ST AVE.							1					
MIAMI FL 3(186 MIAMI FL 33186												
US	US	US			DO NOT WRITE IN THIS SPACE							
							3. Date In 05/05	corporated or Qualifed /1982				
Principal Place of Business 21			2a. Mailing Address			4. FEI Number			Apı	plied For		
			26				<u>59-2 198035</u>			<del></del>	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #	#, etc.			s Certifica	ate of Status Desired	×	\$8.75 △		
22			27				<b>J.</b>			Fee Re	<del></del>	
City & Star	te		City & State	Э				n Campaign Financing		\$5.00		
23			28					und Contribution		Added to	o Fees	
Zip	Cou	intry	Zip	Г	Country		1	rporation owes the curr	ent year l		□No	
24	25	······································	29		30			al Property Tax.  and Address of New F				
	g, Name and Ad	illess of Curren	: Registered Agent		81	Name	10, Name	and Address of New I	vegister	a Agent		
PIND	DER, LOURDES V.											
			82	Street A	idress (P.O. Box	Number is Not Accepta	able)					
12515 S.W. 88 STREET MIAMI FL 33186												
******					83							
					84	City			-	85 Zip C	ode	
			1 1 007 4500 El-		- 41			- this statement for the	F		opintored	
office or r	registered agent, or be	th, in the State	of Florida. Such char	nge was au	ithorized by	the corpor	ation's board of	s this statement for the irectors. I hereby acce	purpose of ot the app	ગા હાanging તક ointment as rec	istered	
agent. I a	ım familiar with, and a	cept the obliga	t ons of, Section 607	.0505, Flori	ida Statutes							
SIGNATUF:E	Signature, typed or printed n				Danistand dan		iired when reinstating)		DATE			
12.	Signature, typed or printed in		ID DIRECTORS	(14012.	13.	it signature req		NS/CHANGES TO OF		AND DIRECTO	RS IN 12	
TITLE	PD	0,71021074		DELETE	1.1 TITLE	$\neg \neg$	ADDITE	NIS/DITARIOLO TO OF	HOLKO,	Change	Addition	
NAME	DIAZ, MARTIN A.	.IR			1.2 NAME							
STREET ADDRESS	44704 004 40071				1.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL	. 01.			1.4 CITY-S							
TITLE	VD			DELETE	2.1 TITLE	1-217	<del></del>			☐ Change	Addition	
NAME	DIAZ, MARTIN A.	SD.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.2 NAME							
STREET ADDRESS	AACON OUL OFFILE				2.3 STREET	ADDDESS						
	MIAMI FL	OI.			2.4 CITY-S							
TITLE	STD		- <del></del>	DELETE	3.1 TITLE	1-21				Change	Addition	
NAME	DE DIAZ, LOURD	ES YAROR	٥.		3.2 NAME					_		
STREET ADDRESS					3.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI, FL,	<b>.</b>			3.4. CITY- S	- 1						
TITLE	marin, I L,		- — — — — — — — — — — — — — — — — — — —	DELETE	4.1 TITLE	1-21	•			☐ Change	Addition	
NAME			۵.	· <b>-</b>	4. 2 NAME							
STREET ADDRESS					4.3 STREET	ADDRESS						
TITLE			- <del> </del>	DELETE	4.4 CITY - \$1 5.1 TITLE	1-415	·	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	}		۵.		5.2 NAME							
					53 STREET	ADDRESS						
STREET ADDRESS					5.4 CITY-S1							
TITLE	<del> </del>			DELETE	6.1 TITLE	-"	- <del></del>	<del></del>	<del></del>	Change	Addition	
NAME				a appear of the	6.2 NAME	ļ						
OTDEET ADDRESS					1	ADDRESS						

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.

64 CITY-ST-ZIP

CITY-ST-ZIP

Sociales Yohn 4 LOURDES YABBA DE DIAZ 4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR