PROPERTY OF

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004694

1. Corporation Name

JOHN RIMA DESIGNS LTD. INC.

Principal Place of Business	ace of Business Mailing Address		I I DORESON DELLO ANTINO MILITA GRAFA ONE IN MORTA ON THE GRAFA DELLO DELLE DIRECTION DELLO DELL	
324 ROYAL PALM WAY #227	324 ROYAL PALM WAY #227			
PALM BCH FL 33480	PALM BCH FL 33480		DO NOT WRITE IN TH	HIS SPACE
			3. Date Incorporated or Qualifed	1
			09/11/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		13-3409208	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Controlle of China Posited	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	O-mile.	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Personal Property Tax	Intangit le [] No
24 25 25 9. Name and Address of Curret	29 3	ال	10. Name and Address of New Register	- · · · · - · !
*	The state of the s	81 Name		
RIMA, JOHN			JOHN RIMA	
151 CHILIAN AVE		82 Street Ad	Idress (P.O. Box Number is NOA/ceptable)	AY # 227
PALM BCH FL 33480		83		· • • • • • • • • • • • • • • • • • • •
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_		84 City QF	th BCH F	·L ** ゔ゚ゔ゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚
11. Pursuant to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the above-named co	rporation submits this statement for the purpose	of chan jing its registered
office or registered agent or both, in the State agent. I am familiar with and accept the obligations are stated as a second control of the c	of Florida. Such change was auth ations of, Section 607.0505, Florid	norized by the corpora la Statutes	dion's board of directors. Thereby accept the ap-	
SIGNATURE	a		4/1	17/99
Signature hyped or plinted name of registered age		egestered Agent's gnahme requ		
<u> </u>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE PS	LIBETE	11 TITLE	2011 0	,
NAME RIMA, JOHN		12 NAME 13 STREET ADDRESS	224 ROYAL PALM PALM BCH FL 3	WAY #227
STREET ADDRESS 151 CHILLIAN AVE		14 CITY: \$1-ZiP	PALM BCH FL 3	3480
CITY-ST-ZIP PALM BCH FL 93480	LIDELETE	21 Title	,	[Change [] Addition
NAME		2.2 NAME		
STREET ADDRESS		23 STREET ADORESS		
CITY-ST-ZIP		2 4 CiTY-S1-Z#		
TITLE	[] DELETE	3 1 TITLE		[]Uhange []Addition
NAME		3.2 NAME	20000289	85130
STREET ADDRESS		3.3 STREET ADDRESS	30000289 -06/08/99	01074001
CITY-ST-ZIP		3.4. C/TY-ST-ZIP	****150.0	30 ****150.UU
TITLE	["] DELETÉ	4 1 TITLE		[]Change []Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREE LADORESS		
dity-St-ziP	E) porte	4.4 CHY-ST-ZIP		[]Change []Addition
TLE	(T) DELETE	51 TITLE 52 NAME		Elimande El Maniton
AME		53 STREET ADORESS		
STREET ADDRESS		54 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE	61 TILLE		[]change Emiliation
NAME	C) become	6.2 NAME		- (M) _ (M)
STREET ADDRESS		63 STREET ADDRESS		4.7
				111 ~ [

SIGNATURE:

14. Thereby 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 oa'h; that I ani an officer or director of the corporation or the leceiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my maine appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

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