ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90019 023 ***550.00

0074161

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # J88799

Corporation Name

ICON DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
960 NW 4TH CT P.O. BOX 1746 BOCA RATON FL 33432	960 NW 4TH CT P.O. BOX 1746 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1987

Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State	City & State 28
Zip / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0004017 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMUDO, ALBERTO
960 NW 4TH CT
BOCA RATON FL 33432

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

1. 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.

IGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	RAMUDO, ALBERTO	1.2 NAME	
REET ADDRESS	960 NW 4TH CT	1.3 STREET ADDRESS	
Y-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
LE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	RAMUDO, PATRICIA	2.2 NAME	
REET ADDRESS	960 NW 4TH CT	2.3 STREET ADDRESS	
Y-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
LE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

. 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.

IGNATURE: [signature] 7-21-99 561-393-5818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)