

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K77094 (6)

1. Corporation Name
LYDIA DESIGNS LTD., INC.

Principal Place of Business

8504 SW 103 AVE.
MIAMI FL 33173
US

Mailing Address

8504 SW 103 AVE.
MIAMI FL 33173-3857
US



2. Principal Place of Business

21 124 S. MIAMI AVE.

Suite, Apt. #, etc.

22 SECOND FLOOR

City & State

23 MIAMI, FL

Zip

24 33130

Country

25 USA

2a. Mailing Address

26 124 S. MIAMI AVE.

Suite, Apt. #, etc.

27 2ND FL / c/o COLON, ESQ.

City & State

28 MIAMI

Zip

29 33130

Country

30 USA

3. Date Incorporated or Qualified

04/03/1989

3a. Date of Last Report

03/01/1996

4. FEI Number

65-0147906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

SILVESTRY, LYDIA M.

8504 SW 103 AVE
MIAMI FL 33173

CHANGE

10. Name and Address of New Registered Agent

81 Name

SILVESTRY, LYDIA M.

82 Street Address (P.O. Box Number is Not Acceptable)

1844 N. NOB HILL RD # 433

83

84 City

PLANTATION

FL

85 Zip Code

33322

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 ☐ DELETE

NAME DP SILVESTRY, LYDIA M.

STREET ADDRESS 8504 SW 103 AVE

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DT COLON, ABILIO X.

STREET ADDRESS 8504 SW 103 AVE

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DS COLON, JORGE

STREET ADDRESS 1229 ALHAMBRA CIR

CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS SILVESTRY, LYDIA M.

1.4 CITY-ST-ZIP 1844 N. NOB HILL RD # 433

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS COLON, ABILIO X.

2.4 CITY-ST-ZIP 1844 N. NOB HILL RD # 433

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS COLON, JORGE

3.4 CITY-ST-ZIP 600 NE 36TH ST #1605

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *[Signature]* LYDIA M. SILVESTRY, 8504 SW 103 AVE, MIAMI, FL 33173

CR2E034 (9/96)