

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

~~124 S MIAMI AVE~~
~~2ND FLOOR~~
~~MIAMI FL 33130~~
US

~~124 S MIAMI AVE~~
~~2ND FLOOR~~ ~~O/O COLON-EGG~~
~~MIAMI FL 33130~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1989

4. FEI Number

65-0147906

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1367 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

22 203

City & State

23 FT. LAUDERDALE, FL

Zip

24 33308

Country

25 USA

2a. Mailing Address

26 1367 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

27 203

City & State

28 FT. LAUDERDALE, FL

Zip

29 33308

Country

30 USA

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

9. Name and Address of Current Registered Agent

SILVESTRY, LYDIA M.
1844 N NOB HILL RD
#433
PLANTATION FL 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
STREET ADDRESS SILVESTRY, LYDIA M.
CITY-ST-ZIP 1844 N NOB HILL RD., #433
PLANTATION FL

TITLE ☐ DELETE

NAME DT
STREET ADDRESS COLON, ABILIO X.
CITY-ST-ZIP 1844 N NOB HILL RD., #433
PLANTATION FL

TITLE ☐ DELETE

NAME DS
STREET ADDRESS COLON, JORGE
CITY-ST-ZIP ~~800 NE 80TH ST., #1805~~
~~MIAMI 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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: *Lydia M. Silvestry*

11 March 98

305.596.0613

CP2E034 (10/97)