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May 10, 1999 8:00 am
Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # K77094 ✓ (6)

1. Corporation Name
LYDIA DESIGNS LTD., INC.

[redacted]

Principal Place of Business	Mailing Address
~~124 S MIAMI AVE~~ ~~2ND FLOOR~~ ~~MIAMI FL 33130~~ US	~~124 S MIAMI AVE~~ ~~2ND FLOOR C/O COLON, ESQ.~~ ~~MIAMI FL 33130~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1367 N. FEDERAL HIGHWAY	2a. Mailing Address 26 2805 E. OAKLAND PARK
Suite, Apt. #, etc. 22 203	Suite, Apt. #, etc. 27 #433
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE,
Zip / Country 24 33308 / 25 USA	Zip / Country 29 FL / 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SILVESTRY, LYDIA M.~~ ~~1844 N NOB HILL RD~~ ~~#433~~ ~~PLANTATION FL 33322~~ (SEE #13 BELOW FOR CORRECT ADDRESS)	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SILVESTRY, LYDIA M.		1.2 NAME		
STREET ADDRESS	~~1844 N NOB HILL RD., #433~~		1.3 STREET ADDRESS	2805 E. OAKLAND PARK #433	
CITY-ST-ZIP	~~PLANTATION FL~~		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
TITLE	DT	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COLON, ABILIO X.		2.2 NAME		
STREET ADDRESS	~~1844 N NOB HILL RD., #433~~		2.3 STREET ADDRESS	2805 E. OAKLAND PARK #433	
CITY-ST-ZIP	~~PLANTATION FL~~		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
TITLE	DS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	COLON, JORGE		3.2 NAME		
STREET ADDRESS	~~600 NE 36TH ST., #1605~~		3.3 STREET ADDRESS	1367 N. FEDERAL HWY, SUITE #203	
CITY-ST-ZIP	~~MIAMI FL~~		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 29 April 99