SECOND 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).

Mailing Address

ROSANA FLEMING INT. DES. INC.

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ROSANA FLEMING INTERIOR DESIGN, INC.

ROSANA FLEMING INT. DES. INC. 14560 FITZPATRICK ROAD 14560 FITZPATRICK ROAD DO NOT WRITE IN THIS SPACE MIAMI FL 33014 MIAMI FL 33014 3. Date Incorporated or Qualified 10/16/1989 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0150265 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Zip Country Yes 25 29 30 Intangible Personal Property. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FLEMING, ROSANA Street Address (P.O. Box Number is Not Acceptable) 14560 FITZPATRICK RD MIAMI LAKES FL 33014 83 Zip Code 85 84 City 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) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE Change __ Addition DELETE TITLE FLEMING, ROSANA 1.2 NAME NAME 14560 FITZPATRICK RD 1.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE DST TITLE ___ DELETE FLEMING, MARK W 2.2 NAME NAME 14560 FITZPATRICK RD STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Addition TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change __ DELETE 5.1 TITLE Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITI F

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIF

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.

Aug 04, 1999 8:00 am Secretary of State

08-04-1999 90006 047 ***550.00