## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

L53905 DOCUMENT #

(0)

DESTIJL	INTE	RNATI	ONAL.	. INC.
ULUINE	11416	יווארווי		

DESTIJL INTERNATIONAL, INC.																		
Pri	incipal Place o	of Business			М	ailing Addres	s			_		F 40 041030 404 0340	I O CAFAU TRÈAT URI		ISA WIUU UIUII	DIGH DIBII HADI		
5680 ROOSEVELT BLVD. CLEARWATER FL 34620 US				5680 ROOSEVELT BLVD. CLEARWATER FL 34620 US						3. Date incorporated	or Qualified	3a. Dat	e of Last Re	port				
												02/23/1990 04/21/1995						
2. 21	Principal Plac	ce of Busine	988		2a.	. Mailing Add	lress					4. FEI Number 59-300235	<b>5</b>		ļ <b>-</b>	Applied For Not Applicable		
22	Suite, Apt. #	, etc.			27	Suite, Apt.	#, etc.					5. Certificate of Statu	s Desired			Additional Required		
23	City & State				28	City & State	)					6. Election Campaign Trust Fund Contrib	-			May Be		
1	Zip	Country Zip					L.	Country	,		8. This corporation has liability for intangible tax under s							
24			25	29 30 30 Address of Current Registered Agent					Florida Statutes Yes No									
<del></del>		9. Name	and Addres	s of Current	Regis	stered Agen	<u></u>		81	Т	Name	10. Name and Address of New Registered Agent						
l	45444	14011454	4							l								
ADAMS, MICHAEL L 5680 ROOSEVELT BLVD.						82	L	Street Addres	ess (P.O. Box Number is Not Acceptable)									
CLEARWATER FL 34620									Ī									
									84	t	City			Fl	85 Zir	Code		
11	or registere	d agent, or	both, in the S	State of Florid	<ul><li>a. Sucl</li></ul>	h change wa	s authorize	ed by:	above- the corp	na xor	med corporat ation's board	tion submits this stateme of directors. I hereby ac	ent for the pu coept the app	irpose of cloointment a	nanging its r s registered	egistered office agent. I am		
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE																		
	5	Signature, typed	or printed name of	registered agent a			(ON)		istered Age	ri s	signature required v	when reinstating) ADDITIONS/CHAN	CEC TO OF	DATE EICEDS AN	O DIDECTO	C1 IAI 20		
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	IY-ST-ZIP		WATER FL					ı	1.4 CITY-									
_	LE	VD		<del></del>		☐ DE	LETE		2. 1 TITLE						Change	Addition		
NA	IME .	ORTEG	XA, REY M.					- 1	2.2 NAME							İ		
51	REET ADDRESS		ROOSEVEL1						2.3 STREE	T A	DDRES\$							
00	TY-ST-7IP	CLEARWATER FL 34620							2.4 CITY -	ST-	ZIP							
111	TLE	D			<b>-</b> .	XDE	LETE		3. 1 TITLE						☐ Change	Addition		
	IME		A, KATHRY		EL	•		- 1	3.2 NAME									
	HEFT ADDRESS		ROOSEVELT WATER FL						3.3. STREE									
_	TY-ST-ZIP	ULEAR	WAIEN FL	34020		□ DI	LETE	_	3.4 CITY -	-	· ZIP			<del></del>	Change	☐ Addition		
	AME I								4.2 NAME				ļ			Named		
1	REE I ADORESS								4.3 STREE	T AL	DDRESS		. 1					
	TY-ST-ZIP								44 CITY-									
_	ILE					DI	LÉTE		5 1 TITLE						Change	☐ Addition		
N/	AME .								5.2 NAME									
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Ti	TLE					□ DI	ELETE	1	6. 1 TITLE						☐ Change	Addition		
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C	TY-ST-ZIP	oortif. the	the informati	on eurotical	uith this	e filina ie velv	ntarily fire	niebod	6.4 CITY -			r the exemption stated in	Section 110	9 D7(3)(L) F	Inrida Statut	es 1 further		
'	certify that oath; that I	the information and office the information of the i	tion indicated by director	non this annu	al repo ration o	art or europion	nental annı r or truster	iual rej io emp	mort is tr	110	and accurate	e and that my signature report as required by Ci	shall have the	e same leo:	al effect as d	made under		

SIGNATURE:

REY ORTEGA - VICE PRESIDENT 4/22/96 (813) 531-8499