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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L58912

1. Corporation Name

BRAVA DESIGN, INC.

Principal Place of Business	Mailing Address
10625 N. MILITARY TR.. #205 PALM BEACH GARDENS FL 33410	10625 N. MILITARY TR.. #205 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed	
03/15/1990	

4. FEI Number	Applied For
65-0178780	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

City & State	City & State
23	28

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLANEY, JERRI M 11380 PROSPERITY FARMS RD STE 203 PALM BCH GARDENS FL 33410	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 _____

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

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **D**	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME **MORPURGO, PEGGY**		1.2 NAME			
STREET ADDRESS **3316 PINE HILL TRAIL**		1.3 STREET ADDRESS			
CITY-ST-ZIP **PALM BEACH GDNS FL**		1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
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			

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, with all other like empowered.

SIGNATURE: _____   4/12/99   (561) 6248880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)