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). FLORIDA DEPARTMENT OF STATE FILLU CORPORATION SEURLIARY OF STATE
1 VISION OF CORPORATIONS Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 SEP -7 AM 10: 39 **DOCUMENT#** L71832 NETHER LANDS ADVERTISING DESIGN GROUP, INC. Principal Place of Business Mailing Address 8201 SW 94 ST C/O D. BRAVO MIAMI FL 33156 9344 SW 56 ST DO NOT WRITE IN THIS SPACE MIAMI FL 33165 3. Date Incorporated or Qualified 05/08/1990 2. Principal Place of Business Applied For 8450 SW 98 8450 65-0191982 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees Country Country 8. This corporation owes the current year Yes USA 30 Intangible Personal Property. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEFELICE, THOMAS **B2** Street Address (P.O. Box Number is Not Acceptable) 11790 SW 89 STREET MIAMI FL 33186 **B3** Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. TITLE 1.1 TITLE Change Addition DELETE BRAVO, PATRICE C. 8450 SW 98 ST NAME BRAVO, PATRICE C. 1 2 NAME 6545 S.W. 99TH AVENUE STREET ADDRESS 13 STREET ADORESS MIAMI FL MIAMI, FL 33156 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition TITLE DELETE -0005--009 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

I hereby certify that the informal indicated on this annual report an officer or director of the co-in Block 12 or Block 13 if chart

SIGNATURE:

es not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

Daytime Phone I

Patrice C. Bravo 8450 Southwest 98th Street Miami, Florida 33156 (305) 596-1180

To Sean Toner

August 25, 1999

Re: FEI #65-0191982

Dear Mr. Toner,

In previous years I have requested a change for principal place of business and mailing address. However, my requests have not been made. Therefore, it was only this week, while visiting my prior mailing address that I realized I had not filed my annual report for 1999.

Per my conversation and instructions from Andy at (850) 488-9000, please find my annual payment of \$150.00 and annual filing form.

Thank you for accepting this payment and please have the appropriate department correct my address.

Sincerely yours,

Patrice Bravo