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Jul 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # M00788 (3)
1. Corporation Name
DESIGN D'ANGELO INC.

Principal Place of Business
8081 SW 72 ST
MIAMI FL 33143
US

Mailing Address
P. O. BOX 430785
MIAMI FL 33243-0785
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2455291	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
8081 SW 72 ST MIAMI FL 33143		81 Name DIAZ, NANCY	82 Street Address (P.O. Box Number is Not Acceptable) 8081 S.W. 72 ST.
		83	
		84 City MIAMI	85 Zip Code FL 33143

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME DIAZ, ANGELO, JR. STREET ADDRESS P. O. BOX 430785 N/A CITY-ST-ZIP MIAMI FL 33243	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME DIAZ, NANCY 1.3 STREET ADDRESS P.O. BOX 430785 1.4 CITY-ST-ZIP MIAMI FL 33243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME DIAZ, NANCY STREET ADDRESS P. O. BOX 430785 N/A CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE V 2.2 NAME DIAZ, NANCY 2.3 STREET ADDRESS P.O. BOX 430785 2.4 CITY-ST-ZIP MIAMI FL 33243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DIAZ, ANGELO, JR. STREET ADDRESS P. O. BOX 430785 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S 3.2 NAME MUDIMBO LONIE 3.3 STREET ADDRESS P.O. BOX 430785 3.4 CITY-ST-ZIP MIAMI FL 33243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME MUDIMBO LONIE STREET ADDRESS P.O. BOX 430785 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE S 4.2 NAME MUDIMBO LONIE 4.3 STREET ADDRESS P.O. BOX 430785 4.4 CITY-ST-ZIP MIAMI FL 33243	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MUDIMBO LONIE STREET ADDRESS P.O. BOX 430785 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	5.1 TITLE S 5.2 NAME MUDIMBO LONIE 5.3 STREET ADDRESS P.O. BOX 430785 5.4 CITY-ST-ZIP MIAMI FL 33243	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MUDIMBO LONIE STREET ADDRESS P.O. BOX 430785 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE S 6.2 NAME MUDIMBO LONIE 6.3 STREET ADDRESS P.O. BOX 430785 6.4 CITY-ST-ZIP MIAMI FL 33243	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*

CR2E034 (10/97)