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PROFIT CORPORATION ANNUAL REPORT

1999

ANY-TER DESIGN CORP.

DOCUMENT # M85725



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90071 048 ***150.00

Principal Plac	e of Business	Mailing Address	_							1011 41841 1881	
C/O MARGARIT	ta remus	C/O MARGARITA REMUS	3								
9605 S.W. 126 TERR 9605 S.W. 126 TERR					DO NOT WRITE IN THIS SPACE						
MIAMI FL 33176 US MIAMI FL 33176 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed							
00		00					6/13/1988				
2 Principal P	Place of Business	2a. Mailing Address					El Number		ТТАр	plied For	
21	inde of Eddinose	26					5-0055805		— 	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				7			\$8.75		ı
22		27				5. C	ertifcate of Status Desired	J	Fee Re	quired	
City & Stat	te	City & State				6. E	lection Campaign Financing		\$5.00	May Be	
23		28				Tı	rust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Zíp Country			8. Ti	his corporation owes the current	year Intar	ar Intangible		
24	25	29	30				ersonal Property Tax.		Yes	□No	Į
	9. Name and Address of Curr	ent Registered Agent				10. N	lame and Address of New Regi	stered A	gent		
DEM	ILIO CADI OD			81	Name						
	IUS, CARLOS			82	Street Addre	ress (P.O). Box Number is Not Acceptable)			ĺ
	5 S.W. 126 TERR										
MIA	MI_FL 33176			83							ĺ
				84	City				85 Zip (Code	l
				Ш				<u> FL</u>	<u> </u>		ĺ
11. Pursuant	to the provisions of Sections 607.03 registered agent, or both, in the State	502 and 607.1508, Florida Stat	tutes, the a	bove-i	named corpo ne corporatio	oration s on's boar	submits this statement for the purp rd of directors. I hereby accept the	pose of che e appoint	hanging its ment as re	registered gistered	ĺ
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Stat	utes.		0,, 0	, , , , , , , , , , , , , , , , , , , ,				ĺ
SIGNATURE											
	Signature, typed or printed name of registered a			Agent s	signature required			DATE	DIDECTO	DC IN 42	CR2E034 (11/98)
12.		AND DIRECTORS	13.			AU	DITIONS/CHANGES TO OFFIC		Change	Addition	=
TITLE	ST CADIOC	LI OESETE			ĺ				on.ago		7
NAME		REMUS, CARLOS		1.2 NAME 1.3 STREET ADDRESS							8
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CITY-ST-ZIP											ı ur
TITLE		□ nelete	1.4 C	ITY-ST-2	ZIP				Change	□ Addition	ਂਹ
	PD	☐ DELETE	1.4 C	<u>17Y-8T-2</u> TLE	ZIP				Change	Addition	ਹ
NAME	PD REMUS, MARGARITA	☐ DELETE	1.4 C 2.1 TI 2.2 N	ITY-ST-2 TLE AME					☐ Change	Addition	ਹ
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6.4 CITY- ST- ZIP 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 suppliemental 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: