FILE NOW: FILING FEE AFTER MAY 1st IS $600.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90296 005 ***150.00

DOCUMENT # P93000000719

1. Corporation Name
RENALDO DESIGN COMPANIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5005 W LAUREL ST #209 TAMPA FL 33607-3836 US	5005 W LAUREL ST #209 TAMPA FL 33607-3836 US

2. Principal Place of Business (21) 3725 West Grace Street	2a. Mailing Address (26) 3725 West Grace Street
Suite, Apt. #, etc. (22) 150	Suite, Apt. #, etc. (27) 150
City & State (23) Tampa, Florida	City & State (28) Tampa, Florida
Zip (24) 33607 Country (25) US	Zip (29) 33607 Country (30) US

3. Date Incorporated or Qualified: 12/29/1992
4. FEI Number: 59-3156626 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RENALDO, JAMES A
5005 W LAUREL ST #209
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: Renaldo, James A.
82 Street Address (P.O. Box Number is Not Acceptable): 3725 West Grace Street, Suite 150
83
84 City: Tampa FL 85 Zip Code: 33607

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	RENALDO, PATRICIA A		1.2 NAME	Renaldo, Patricia A.
STREET ADDRESS	5005 W LAUREL ST #209		1.3 STREET ADDRESS	3725 West Grace Street, Suite 150
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, Florida 33607
TITLE	D	☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	RENALDO, JAMES A		2.2 NAME	Renaldo, James A.
STREET ADDRESS	5005 W LAUREL ST #209		2.3 STREET ADDRESS	3725 West Grace Street, Suite 150
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, Florida 33607
TITLE	D	☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	RENALDO, DIANA		3.2 NAME	Renaldo, Diana
STREET ADDRESS	5005 W LAUREL ST #209		3.3 STREET ADDRESS	3725 West Grace Street, Suite 150
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, Florida 33607
TITLE	D	☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	RENALDO, STUART J		4.2 NAME	Renaldo, Stuart J.
STREET ADDRESS	5005 W LAUREL ST #209		4.3 STREET ADDRESS	3725 West Grace Street, Suite 150
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, Florida 33607
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #