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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000008055 (4)

INTERNATIONAL DALI FASHION, INC.

FILED Mar 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- (1003/407 110 10186 1111/ 0011/ 0011/ 0011/ 0011/ 0511/ 0010/ 0010/ 0010/ 0110/ 011/ 400/				
2416 NW 20TH ST 2416 NW 20TH ST										
MIAMI FL 3314	MIAMI FL 33142									
							DO NOT WRITE IN THIS SPACE			
						 Date Incorporated 01/29/1993 FEI Number 	or Qualified			
2. Principal Pla	ice of Business	2a. Mailing Address	2a. Mailing Address					A	pplied For	
21		26							lot Applicable	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				s Desired		Additional	
City & State			City & State						lequired	
23			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country			8. This corporation ov				
24	25	29	30	,		Personal Property	•		∏ No	
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
BENITES, LUIS F					Name					
	5 NW 150 TERR.		02			s (P.O. Box Number is	Not Acceptable)			
	MI FL 33016		62 Str			s (P.O. BOX NUMBer is	ног Ассертавіе)			
			Ì	63						
•			ŀ	84	City			. 85 Zip	Cod€	
44 5		00 - 1007 1000 Fi 11 01 1					F			
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 tills if applicable (NOTE Registered Agent signature required when reinstating) DATE										
12.		ND DIRECTORS	13.		r eignature required	 	ES TO OFFICERS A	ND DIRECTO	BS IN 12	
TITLE			1.1 TIT	LE				Change	Addition	
NAME	BENITES, LUIS F		1.2 NA	1.2 NAME						
STREET ADDRESS	RESS 8935 NW 150 TERR		1.3 STREE		address					
CITY-ST-ZIP	MIAMI FL 33016 1.41		1.4 CIT	ry-st	r- ZIP					
TITLE	DELETE 2.1 TI		LE				Change	Addition		
NAME			2.2 NA	2.2 NAME					ŀ	
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS					ŀ	
CITY-ST-ZIP			2. 4 CI	2. 4 CITY - ST - ZIP						
TITLE		☐ DELETE	3.1 TfT	3.1 TITLE				☐ Change	☐ Addition	
NAME			3.2 NA	3.2 NAME					J	
STREET ADDRESS			3.3 \$1		ADDRESS					
CITY-ST-ZIP			3.4. Cl		T-ZIP					
TITLE				4.1 TITLE				Change	Addition	
NAME			4. 2 NA	ME	1					
STREET ADDRESS			4.3 STF	REET A	ADDRESS				ļ	
CITY-ST-ZIP			4.4 CIT		- ZIP					
TITLE			R	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAI		Ì					
STREET ADDRESS			5.3 STF	REET A	ADORESS					
CITY-ST-ZIP	·	· · · · · · · · · · · · · · · · · · ·	5.4 CIT		- 2IP			·		
TITLE		∐ DELETE	DELETE 6.1 TI					Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STF	REET A	ADDRESS					
CITY-ST-ZIP			6.4 CIT			·				
14 I horoby co	rtify that the information supplied:	with this filing dose not qualify fo	or the ever	mali	on stated in Se	ection 119 07(3)(i) Florid	da Statutae I furthar	cartify that the	information	

r nereby 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 adjust.

SIGNATURE: