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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P93000008055 1. Corporation Name

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90031 030 ***150.00

| INTERNATIONAL DALI FASHION, INC. | | | | | | |
|--|--|--|---|---|--|-------------------------------------|
| | NW 20TH ST. | Mailing Address 2416 NW 20TH MIAMI, FL 33 | | | | |
| MIAMI, FL 33142. MIAMI, FL 331 | | | 142. | DO NOT WRITE | IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualifed | | |
| | | | | 01/29/93 | | |
| -2. Principal P | Place of Business - | 2a. Mailing Address | | 4. FEt Number | Ap | plied For |
| 21 | | 26 | | 65-0391019 | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 A | |
| 22 | | 27 | | 3. Certificate of Status Desired | Fee Re | quired |
| City & Stat | e | City & State | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | | Trust Fund Contribution | Added to | o Fees |
| Zip | Country | Žip | Country | 8. This corporation owes the current | | ETN. |
| 24 | 25 | 29 | 30 | Personal Property Tax. 10. Name and Address of New Reg | | □No |
| <u> </u> | 9. Name and Address of Curren | it Registered Agent | 81 Name | 10. Name and Address of New Reg | listered Agent | _ |
| BENTS | PES LHIS E | | I I I I I I I I I I I I I I I I I I I | | | |
| BENITES, LUIS F 8935 NW 150 TERRA. | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable | e) | |
| | I, FL 33016 | | 83 | | | |
| nini | i, ir 33010 | | [63] | | | |
| | | | 84 City | | FL 85 Zip C | Code |
| 44 Durayant | to the provisions of Sections 607.050 | 2 and 607 1508 Florida Statut | s the above named com | poration submits this statement for the pur | mass of changing its | registered |
| office or r | egistered agent, or both, in the State | of Florida, Such change was a | thorized by the corporation | on's board of directors. I hereby accept the | ne appointment.as.reg | gistered |
| agent. I a | m familiar with, and accept the obliga | tions of Section 607.0505. Flor | rida Statutes. | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| SIGNATURE | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: | Registered Agent signature require | id when reinstating) | DATE | |
| SIGNATURE | Signature, typed or printed name of registered ager OFFICERS AN | nt and title if applicable. (NOTE: | Registered Agent signature require | | DATE DERS AND DIRECTO | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered ager OFFICERS AN BENITES, LUIS F | nt and title if applicable. (NOTE: ID DIRECTORS DELETE | Registered Agent signature require 13. 1.1 TITLE | id when reinstating) | DATE | RS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered ager OFFICERS AN | nt and title if applicable. (NOTE: ID DIRECTORS DELETE | Registered Agent signature require 13. 1.1 TITLE 1.2 NAME | id when reinstating) | DATE DERS AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered ager OFFICERS AN BENITES, LUIS F | nt and title if applicable. (NOTE: ID DIRECTORS DELETE R R A | Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | id when reinstating) | DATE DERS AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or privided name of registered ager OFFICERS AN BENITES, LUIS F 8935 NW 150 TER | nt and title if applicable. (NOTE: ID DIRECTORS DELETE R R A | Registered Agent signature require 13. 1.1 TITLE 1.2 NAME | id when reinstating) | DATE DERS AND DIRECTO | RS IN 12 |
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99

(305)633-3938