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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

APPROVEG AND FILED

98 APR 24 PM 2: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P 93000016155 (2) 1. Corporation Name			IALLAHASSEE, FLORIDA	
INVESTMENTS IN DESIGNS INC			Junes.	110 []
Principal Place of Business	Mailing Address			
2300 CORAL WAY	2300 CORAL WAY			
#200	#200		DO HOT WOIT	5 IN TUID 20105
MIAMI FL 33145 . MIAMI FL 33145			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
			03 - 03 - 1993	Í
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
2300 CORAL WAY	26 2300 CORAL W	<b>VAY</b>	65-0389845	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, efc.		5. Certificate of Status Desired	\$8.75 Additional
22 SUITE # 200 City & State	27 SUITE # 200 City & State			Fee Required
23 MIAMI, FLORIDA	28 MIAMI, FLORI	rn x	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Zip	Country	8. This corporation owes or has p	7,4300 10 7 000
24 33145 25 US	29 33145	30 US	Personal Property Tax due Jun	
9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
FLORIDA ANNUAL REPORT SERV	ICES INC.	81 Name		
2300 CORAL WAY		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE # 200		00		
MIAMI FLORIDA 33145		83	,	
		84 City		FL 85 Zip Code
11. Burspept to the provisions of Sections 607,0502	and 907 1508. Florida Statute	s the above-named con	poration submits this statement for the	
11. Porsoent to the provisions of Sections 607.0502 office or registered agent/or both, 17 the State of agent, 1 am terrillar with and acceptable obligations.	f Florida. Such change was at	thorized by the corpora	tion's board of directors. I hereby acce	opt the appointment as registered
agent all alma mill all to be by gar	AMADA CANT	ERA LOPEZ.PRE	is = = = = = = = = = = = = = = = = = = =	-0/cg/
SIGNATURE Signature, typed or printed name of registered agging	and title if applicable. (NOTE	Registered Agent signature requi	red when reinstating)	OATE
12. OLLIGEUS VIAD	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
P/S/T/D/ LOPEZ-CANTERA AMADA		1,1 TITLE		
2300 CORAL WAY: SUITE # 200		1.2 NAME		5039818
CITY-ST-ZIP MIAMI FLORIDA 33145		1.3 STREET ADDRESS		5039818   8 /9801118023 <del> 0-00    </del>
TITLE	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	****15	Change Addition
NAME	_	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE		Change Additron
NAME		3.2 NAME		!
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. C(TY - ST - Z(P		Change Addition
TITLE NAME	C) better	4.1 TITLE		C Change C Addition
STREET ADDRESS		4. 2 NAME 4.3 STREET ADDRESS		1
CITY ST-ZIP		4.4 CITY+ST-ZIP		
गा।	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		i
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TIPLE	DELETE	6.1 TITLE	AA 1	Change Addition
NAME		6.2 NAME	Mal	27
STREET ADDRESS		6.3 STREET ADDRESS	<b>b</b> 1. 11	- 1
14. I hereby certify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutes	further certify that the information
indicated on this annual report or supplemental officer or director of the corporation or the receive	annual report is true and accu	rate and that my signatu	re shall have the same legal effect as	if made under oath; that I am an