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

DOCUMENT # P93000029466 (8)

DETAILS AT HOME, INC.

Principal Place of Business	Mailing Address
407 LINCOLN RD: 58	407 LINCOLN RD., 5B
MIAMI BEACH FL 33139	MIAMI BEACH FL 33139

FILED Apr 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1993 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-040390 Not Applicable 21 Suite, Apt. #. etc Suite Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country Zip 8. This corporation owes or has paid the current dar Intangible Yes Personal Property Tax due June 30. ∏ No 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RAPHEAL, RICARDO 1031 LINCOLN ROAD Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 64 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. SIGNATURE (NOTE_Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change TILLE 1.1 TITLE NAME RAPHAEL, RICARDO 1.2 NAME 1031 LINCOLN ROAD STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 1.4 CITY - ST - ZIP CUTY - ST - 7(P Change Addition DELETE TITLE 21 THILE TORTORELLI, PERRY 2.2 NAME 1031 LINCOLN ROAD 2 3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STHEET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5 1 1IILE TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP DELETE 6 1 TITLE Change Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CHY-S1-ZIP

14. Thereby 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

SIGNATURE: