

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043396

1. Corporation Name

VISAGE DESIGNS INC.

Principal Place of Business

Mailing Address

8125 NW 103 ST
HIALEAH GARDEN
FL. 33016

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JUNE 14-1993

3a. Date of Last Report

JUNE 30-1994

2. Principal Place of Business

2a. Mailing Address

21. SAME

2b. SAME

4. FEL Number

65-0433448

Applied For

Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23. City & State

28. City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under 5 199 037

Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMPARO MACIAS
6304 GARFIELD ST
HOLLYWOOD, FL. 33024

81. Name

AMPARO MACIAS

82. Street Address (P.O. Box Number is Not Acceptable)

6304 GARFIELD ST

83.

84. City

HOLLYWOOD,

FL

85. Zip Code

33024

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

Amparo Macias

5/30/95

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT/SECRETARY
AMPARO MACIAS
6304 GARFIELD ST
HOLLYWOOD FL. 33024

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

900001521639

-06/23/95--01023--023

***200.00 ***200.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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.

SIGNATURE:

Amparo Macias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/30/95

Signature (Block 4)

REMITTED BY MAY 1
5/1/95
MS