

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P93000083532 (0)

1. Corporation Name

EL ULTIMO DESIGN, INC.



Principal Place of Business

1729 N.W. 19TH TERRACE
#6
MIAMI FL 33125

Mailing Address

1729 N.W. 19TH TERRACE
#6
MIAMI FL 33125-1534

2. Principal Place of Business

21 6114 NW 6 Ave

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33127

Country

25 Dade

2a. Mailing Address

26 6114 NW 6 Ave

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip

29 33127

Country

30 Dade

3. Date Incorporated or Qualified

11/23/1993

3a. Date of Last Report

05/03/1996

4. FEI Number

65-0452824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMADOR, ULISES
1729 N.W. 19TH TERRACE
#6
MIAMI FL 33125

EXCHANGE ADDRESS

10. Name and Address of New Registered Agent

81 Name

AMADOR ULISES

82

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

6114 NW 6 Ave.

83

84

City Miami Florida

FL

85

Zip Code 33127

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, if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS AMADOR, ULISES
CITY-ST-ZIP 1729 N.W. 19TH TERR #6
MIAMI FL 33125

TITLE ☐ DELETE

NAME D
STREET ADDRESS AMADOR, ALEJANDRA
CITY-ST-ZIP 1729 N.W. 19TH TERR #6
MIAMI FL 33125

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 changed, or on an attachment with an address.

CR2E034 (9/96)