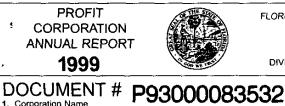
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90223 015 ***150.00

EL ULTIMO DESIGN. INC. Principal Place of Business Mailing Address 6114 NW 6 AVE 6114 NW 6TH AVE MIAMI FL 33127 **MIAMI FL 33127** DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 11/23/1993 2a. Mailing Address 4, FEI Number Applied For 2. Principal Place of Business 65-0452824 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 24 25 29 30 Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMADOR, ULISES Street Address (P.O. Box Number is Not Acceptable) 82 6114 NW 6TH AVE **MIAMI FL 33127** 83 Zip Code 84 City 85 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change | ☐ Addition 1.1 TITLE TITLE AMADOR, ULISES 1.2 NAME NAME 1729 N.W. 19TH TERR #6 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33125 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 21 TITLE TITLE AMADOR, ALEJANDRA 2.2 NAME NAME 1729 N.W. 19TH-TERR #6 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33125** 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 34. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS .4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change □ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1-TITLE ☐ Change Addition TITLE M. J. W. 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

INTED NAME OF SIGNING OFFICER OR DIRECTOR

305<754-6238

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