

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
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90012 046 ***158.75

DOCUMENT # P94000007426

1. Corporation Name
SISTERS GOLD DESIGNS, INC.

Principal Place of Business
1250 E. HALLANDALE BLVD.
1005A
HALLANDALE FL 33009

Mailing Address
1250 E. HALLANDALE BLVD.
1005A
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/31/1994

4. FEI Number
65-0467954

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 468 GOLDEN ISLE DR
Suite, Apt. #, etc. 402

2a. Mailing Address
26 468 GOLDEN ISLE DR.
Suite, Apt. #, etc. 402

22 City & State
23 HALLANDALE, FL

27 City & State
28 HALLANDALE, FL

24 Zip 33009 25 Country USA

29 Zip 33009 30 Country USA

9. Name and Address of Current Registered Agent

MAGNI, RICARDO
150 SE 25 RD #4-A
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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. 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)

3/24/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME AVELLA, ROBERTO
STREET ADDRESS 1250 E. HALLANDALE BLVD., STE. 1005A
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VP
NAME MAGNI, RICARDO
STREET ADDRESS 1250 E. HALLANDALE BLVD., STE. 1005A
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D
NAME AVELLA, IDA
STREET ADDRESS 1250 E. HALLANDALE BLVD., STE. 1005A
CITY-ST-ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 468 GOLDEN ISLES DR #401
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 200 SW 25 ROAD
2.4 CITY-ST-ZIP MIAMI, FL 33129

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 468 GOLDEN ISLES DR #401
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE REQUIRED

3/24/99

954-454-7003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0570490

CR2E034 (11/98)