## FILE NOW: FILING FEWEFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000039620 (7)

INTERNATIONAL DESIGNS UNLIMITED, INC.

**FILED** May 09 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address  406 NW 91ST TERRACE 406 NW 91ST TERRACE MIAMI FL 33150-2132												- 2000 TENNE			
MIPUMI FL			SALITA SA	I FL 93130-2198											
									Incorporal 25/1994	ed or Qualifi	ed 3a	Date of 07/12/1		port	
2. Principal Place of Business 2a. Mailing Address									FEI Number				Applied For		
	KE 1Keth Est	4	26	SAME	40	LE	47	65	<del>-049307</del>	3				Applicable	
Suite, Apt 22			27	uite, Apt. #, etc.				5. Cert	ificate of St	atus Desired			.75 A	dditional quired	
City & State  23 MIAMI , FLOPIDA			28 28						6. Election Campalgn Financing Trust Fund Contribution Added to Fees						
Zip				Zip Country				8. This corporation has liability for intangible t							
24 3516		<u>SA</u>	29		30				da Statutes		Yes				
	9. Name and Addre	ss of Curre	nt Hegister	ec Agent		81	Name	10, Nan	****	ress of Nev	V Hegiste	rea Agent			
	RAY, ANTONIO					"	G	MARAY		CONIO				_	
406 NW 91ST TERRACE						82	Street Add	ress (P.O. E	ox Number	is Not Acce	ptable)				
MIA	MI FL					83	212	NE	leth	SIFE				<del></del>	
						••									
						84	City	A 4 4 1			1	FL 85	Zip C	ode	
11 Ourcupat	to the provisions of Sec	ione 607 050	2 and 607	1500 Florida Clate	too tho o		M	PANI	mita this et	ntomont for t			cipo de	PKOI	
office or r	egistered agent, or both m familiar with, and	the State	of Florida.	Such change was	authorize	d by	the corpore	ition's board	of director	s. I hereby a	ccept the	appointm	ent as r	egistered	
agent. La	m familiar with, and exc	ept the objig	ations of, S	ection 607.0505, F	lorida Sta	tutes	<b>i.</b>								
SIGNATURE	Signature, typed or printed uson	indistrict an	ent and 1.tle if as	nnlicable (NC	TF Rootstere	d Ana	nt signature regu	when reinsta	tino)	***************************************	DA	TF		•••	
12.		FFICERS AN			13.					NGES TO O	<del></del>		CTORS	3 IN 12	
TITLE	P	<del></del>		DELETE	1.1 T)	TĻĒ	1	?				C		Addition	
NAME	GARAY, ANTONIO				1.2 N	AME		SARAY	. ANT	ONIO					
STHEET ADDRESS	406 NW 91ST TER	R			135	REET	ADDRESS 7	NO NE	HOH	1 67.					
CITY+S1-ZIP	MIAMI FL				1.4 C	ITY-S	T-21P	MAMI	ر سالتا ،	5316	0	,	,		
TILLE	VP			DELETE	2.1 Ti	TLE	V	2		_	···	<b>Y</b> C	hange	Addition	
NAME	GARAY, ELISA				2.2 N	AME	. 6	DARAY	CHE	A 61.		Secret of			
STREET ADDRESS	406 NW 91ST TER	R			2.3 \$	TREET	ADDRESS 3	118 NE	= 110H	• • •					
CITY-ST-ZIP	MIAMI FL				2.40	ITY-S	ST-ZIP 1	MIAM	, 70	331	61		_		
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NAME	ANTONIETA, BETA				3.2 N	AME	Δ	NTON	ETA	BETA	1 aou	12TH			
STREET ADDRESS	406 NW 91ST TER	R			3.3 \$	TREET		BNE	IVeth	57.					
CHY-ST-ZIP	MIAMI FL				3.4 (	<u> 177 - S</u>		MANI.	PL	3316	1				
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TITLE				DELETE	6.1 TI	TLE						□ c	hange	Addition	
NAME					6.2 N	AME									
STREET ADDRESS					6.3 \$	TREET	ADDRESS								
CITY-ST-ZIP					6.4 C	ITY - S	T-ZIP								

14. Ido 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 a consequence of the corporation with an address.