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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P94000077055 (9) DESIGNER CANES BY ELEGANT LADY, INC. Principal Place of Business Mailing Address 14817 BALGOWAN RD UNIT 102 14817 BALGOWAN RD UNIT 102 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0531753 Not Applicable 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ESTRADA, LUIS F 1200 NE 147 ST. 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33161 83 City 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. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 1111 6 ROCCHIO, JANE C NAME 1.2 NAME 3521 SW 41ST ST STREET ADORESS 1.3 STREET ADDRESS **HOLLYWOOD FL 33023** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE COLLINS, MARY 2.2 NAME 14817 BALGOWAN RD UNIT 102 STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change __ Addition TITLE 3.1 VITLE 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE

CITY-ST-ZIP

mary Callin

BMARY CALLING

4-25-98

FILED

May 14 1998 8:00am

Secretary of State

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