FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

97 MAY 15 AH 8: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name

P95000032095 (8)

JORGE MUNOZ DESIGN INC.

Principal Place of Business Mailing Address 2105 FLETCHER ST 2105 FLETCHER ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1995 2. Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Zip Country Zio Country 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MUNOZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 82 800002184838----05/20/97--01047--006 2105 FLETCHER ST . 83 HOLLYWOOD FL 33020 84 City 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 DATE Signature, typed or printed name of registered agent and time if applicable (NCRE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1.11000 NAME MUNOZ, JORGE 1.P NAME STREET ADDRESS 2105 FLETCHER ST 1.B STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2.11016 NAME 2.₽ NAME STREET ADDRESS 2.8 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 TIFLE Change Addition TITLE NAME 3 P NAME STREET ADDRESS 3.\$. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- 2IP DELETE 4.1 TITLE ☐ Change ☐ Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.\$ STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information Indicated on this including 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 changes, or on an attachment with an address.

5 ITTLE

52 NAME

6 IL TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE.

CR2E034 (12/95)

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