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

DOCUMENT # P95000073839

1. Corporation Name

EL "B" DESIGNS, CORP.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90192 032 ***150.00



ľ							
Principal Place of Business Mailing Address						I SBEITBE THE CONT. BRITE Earls BRITE BEAUT COOR STREET TO SERVICE THE SERVICE STREET	
8150 TAFT STREET 8150 TAFT STREET							
	PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024						
1						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 09/22/1995	
2. Principal Place of Business 2a. Mailing Address			Address			4. FEI Number Applied For	
21 26		⊢¬ `	and the second of the second o			65-0618416 Not Applicable	
T			Suite, Apt. #, etc.			\$8.75 Additional	
22		27	1			5. Certificate of Status Desired Fee Required	
		ty & State			6. Election Campaign Financing \$5.00 May Be		
		28				Trust Fund Contribution Added to Fees	
Zip			Country	,	8. This corporation owes the current year Intangible		
24	25	29		_[30]		Personal Property Tax. ☐ Yes ☐ No	
<u> </u>	9. Name and Address of Curre	int Registered A	gent	81	A1	10. Name and Address of New Registered Agent	
BI O	ndin, Luis			101	Name	ne .	
8150 TAFT STREET			82	Stree	reet Address (P.O. Box Number is Not Acceptable)		
PEM	BROKE PINES FL 33024			83		18.00	
				84	City	FL 85 Zip Code	
44 Physician to the provisions of Continue CO7 0502 and 507 4500 Claride Chat does the						and corporation submits this statement for the nuronse of changing its registered	
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 a	m familiar with, and accept the oblig	ations of, Section	607.0505, Florida	a Statutes	i .	·	
SIGNATURE	Signature, typed or printed name of registered ag-		(NOTE: Pa	giptored Ages	et eigenture	ure required when reinstating) DATE	
12.		ND DIRECTORS	, (NOTE. NO	13.	it signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	IND DIRECTORS	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	BLONDIN, LUIS			1.2 NAME			
1	8150 TAFT STREET			1,3 STREE	· ADDOFO		
STREET ADDRESS	PEMBROKE PINES FL 33024					1300	
CITY-ST-ZIP	PEMBRORE FIRES 1 E 35024		DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	☐ Change ☐ Addition	
TITLE			LJ OLCETE				
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREE		:55	
CITY-ST-ZIP			DELETE	2.4 CITY-5	T-ZIP	Change Addition	
TITLE			□ OELETE	3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE		:58	
CITY-ST-ZIP			Γ∃ DELETE	3.4. CITY-5	T-ZIP	☐ Change ☐ Addition	
TITLE	· •		() DELETE	4.1 TITLE			
NAME			C) DELETE				
	;		J DELETE	4. 2 NAME			
STREET ADDRESS	:		j	4. 2 NAME 4.3 STREE			
CITY-ST-ZiP	:			4. 2 NAME 4.3 STREE 4.4 CITY-S		ESS	
}			DELETE	4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE			
CITY-ST-ZiP				4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP	Change Addition	
CITY-ST-ZIP TITLE				4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE*	T-ZIP	Change Addition	
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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.



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