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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000018076

1. Corporation Name

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

CATEGORY FIVE DESIGNS, INC.

Principal Place	e of Business	Mailing Address			. ,	110011001 112 12110 21111 00111 00111		
7840 SW 124TH ST		7840 SW 124TH ST						
MIAMI FL 33156		MIAMI FL 33156			DO NOT WRITE IN THIS SPACE			
US US		05				3. Date Incorporated or Qualifed		
						02/27/1996		ľ
2 Principal Di	face of Business	2a. Mailing Address				4. FEI Number	- A	pplied For
— ·	lace of Business	26				65-0646695	<u> </u>	ot Applicable
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.			سيده بياست . د		\$8:75	Additional
22	.,	27				5. Certifcate of Status Desired	Fee R	equired
City & State	е	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.	☐ Yes	□No
****	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Register	ed Agent	
501	OF ELIZADETI M			81	Name			Ì
ROIGE, ELIZABETH M			82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptable)		
,	0 SW 124 ST						····	
MIAI	MI FL 33156			83				
				84	City		85 Zip	Code
				li	•		-L `	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Stat of Marida, Such change was	utes, the	above	-nameo corpo	pration submits this statement for the purpose	nointment as r	enistered
agent. I a	Market 9					n's board of directors. I hereby accept the ap	} 9	
SIGNATURE	Signature, typed in printed name of registered ego	ent and title (applicable. (NO	TE: Registere	ed Agent	ne corporation	when reinstating) DATE	39	
SIGNATURE	Signature, typed a printed name of registered og OFFICERS A	ent and title if applicable. (NO ND DIRECTORS	TE: Registere	ad Agent		April 19,0	39	
SIGNATURE 12. TITLE	Signature, typed a printed name of registered by OFFICERS A	ent and title (applicable. (NO	TE: Registere 13	ed Agent		when reinstating) DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	OFFICERS AI PSTD ROIGE, ELIZABETH M	ent and title if applicable. (NO ND DIRECTORS	13 1.1 1 1.2 I	Agent FITLE	signature required	when reinstating) DATE	AND DIRECT	ORS IN 12
12. TITLE NAME STREET ADDRESS	PSTD ROIGE, ELIZABETH M 7840 S W 124TH STREET	ent and title if applicable. (NO ND DIRECTORS	13 1.11 1.21 1.3.5	OF Agent FITLE NAME STREET	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PSTD ROIGE, ELIZABETH M	ent and title of applicable. (NO ND DIRECTORS	13 1.11 1.21 1.33	Agent TITLE NAME STREET	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD ROIGE, ELIZABETH M 7840 S W 124TH STREET MIAMI FL 33156	ent and title of applicable. (NO ND DIRECTORS	13 1.11 1.21 1.33 1.44 2.1 2.21	AGENTALE NAME STREET ACITY-ST-	signature required ADDRESS -ZIP	when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
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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 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

PAL 19, 99

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90061 035 ***150.00