

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

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

04-23-1999 90143 043 ***150.00

DOCUMENT # P96000027435

1. Corporation Name
EVELYNE ALAY DESIGNS, INC.

Principal Place of Business Mailing Address
221 ARAGON AVE 4960 SW 72nd Ave 221 ARAGON AVE 4960 SW 72nd Ave
SUITE 201 Suite 204 SUITE 201 Suite 204
CORAL GABLES FL 33134 MIAMI, FL 33155 CORAL GABLES FL 33134 MIAMI, FL 33155
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1996

4. FEI Number 65-0659400 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEONE, EVELYNE
604 MAJORCA AVE 4960 SW 72nd Ave #204
CORAL GABLES FL 33134 MIAMI, FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST ☐ DELETE
NAME LEONE, EVELYNE
STREET ADDRESS 604 MAJORCA AVE
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE Address ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4960 SW 72nd Ave #204
1.4 CITY-ST-ZIP MIAMI, FL 33155

TITLE DV ☐ DELETE
NAME LEONE, JOSEPH
STREET ADDRESS 604 MAJORCA AVE
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE Address ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4960 SW 72nd Ave #204
2.4 CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/99

Date

305 668 8449

Daytime Phone #

CR2E034 (11/98)

0226611