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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000039998** (5)

ELIO SERRA SET DESIGNER. INC.

Principal Place of Business Mailing Address 4770 SW 75 AVE. 4770 SW 75 AVE. MIAMI FL 33155 MIAMI FL 33155-4435 3. Date Incorporated or Qualified 3a. Date of Last Report 05/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zφ Country ZiD This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SERRA, ELIO 4770 SW 75 AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 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 (NOTE Registered Agent signature required when reinstating) Stigrature, type of or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 DELETE Change 1.1 TITLE DILE SERRA, ELIO 1.2 NAME NAME 4770 SW 75 AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** CHY-ST-7P 1.4 CITY-ST-ZIP DVS DELETE Change Addition 2.1 TITLE TITLE MENDEZ, MARTHA C 2.2 NAME NAME 4770 SW 75 AVE. STREET ADORESS 2.3 STREET ADDRESS MIAMI FL 33155 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIE DELETE Change Addition 4.1 TITLE THELE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-\$1-20 DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP CHY-S1-ZIP DELETE Change \_\_\_ Addition 61 TITLE THE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY - S1 - ZIP

14. I do hereby cert fy 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 6/0c

SIGNATURE:

F661 121 13997

Daytime Phone #

Apr 21 1997 8:00am

Secretary of State