

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

**FILED**  
**Jun 25 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000056153**  
 1. Corporation Name  
**C.D.A. DESIGNS, INC.**

Principal Place of Business / Mailing Address  
**2495 West 80 St.  
 STE. # 7  
 Hialeah, FL 33016**

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

24 / 25 / 29 / 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**July 2 1996**

4. FEI Number / Applied For / Not Applicable  
**65-0683422**

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

6. Election Campaign Financing / Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

9. Name and Address of Current Registered Agent  
**Hector Rivera  
 12959 N.W. 18 MANOR  
 Pembroke Pines FL 33028**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 provisions of Section 607.0602, Florida Statutes.

SIGNATURE: *Hector Rivera Pres.*

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

**President: Hector Rivera, 12959 N.W. 18 MANOR, Pembroke Pines FL 33028**

**IAIA Rivera Sec & Treasurer, 12959 NW 18 MANOR, Pembroke Pines FL 33028**

**Andas Fruto V. Pres., 2775 NW 167 TR., OPA LOCKA, FL 33016**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP

31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP

61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP

*[Signature]*

800002573038  
 -06/25/98-01014-025  
 \*\*\*150.00

14. I hereby certify that the information supplied will be true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or member empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an affidavit with this address.

SIGNATURE: *Hector Rivera*      5/19/98      (305) 820-3232

CR2E034 (10/97)