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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

Sandra B. Mortham **ANNUAL REPORT** 1998

FILED May 05 1998 8:00am Secretary of State

1,	Corporation Name	" F3000	UUC	14000 (8)								
I. DESIGNS, INC.												
Pi	rincipal Place of Busines	5	М	ailing Address			T SOUTHOUT DES SULTA DELLE DUCET DELLE SULLE SULLE DUCET IDELE	LEGY INCEY BUILD BUTE INDE				
2352 SALZEDO ST. CORAL GABLES FL 33134 US				2352 SALZEDO ST. CORAL GABLES FL 33134 US				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified 10/11/1996				
	2. Principal Place of Business			2a, Mailing Address				4. FEI Number	Applied For			
21			26	26				65-0706405	Not Applicable			
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	Certificate of Status Desired Section			
City & State			28	City & State				Election Campaign Financing Trust Fund Contribution				
	Zip	Country		Zip	Cou	ıntry		8. This corporation owes or has paid the curre	nt year Intangible			
24		25	29		30			Personal Property Tax due June 30.	Yes No			
g, Name and Address of Current Registered Agent								10. Name and Address of New Registered A	ent			
Sampedro-Iglesia, Maria							Name		,			
MIAMI FL 33122						82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
						83						
							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

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 titled applicable (NOTE Registered Agent signature required when rejectating) DATE													
12.	OFFICERS AND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12							
TITLE	0 🗆	DELETE	11 TITLE	Ulloa, HEIENA	Change	Addition							
NAME	ulloa, Helena		1.2 NAME	339 Harana Maria	•	ļ							
STREET ADDRESS	6561 SW 76TH TER		1.3 STREET ADDRESS	229 Menores Avenue	_								
CITY-ST-ZIP	MIAMI FL 33122	_	1.4 CHY-ST-ZIP	Copi Gables A. 33134									
TITLE	0 >8	DELETE	2.1 TITLE	Ulloa, Vera	Change	Addition							
NAME	SARASOLA, ALVARO	Ì	2.2 NAME	12259 S.W. 24 Terre	200								
STREET ADDRESS	6561 SW 76TH TER		2.3 STREFT ADDRESS		sice)								
CITY+ST-ZIP	MIAMI FL 33122	j	2. 4 CITY - ST - ZIP	Niami, Fl. 33175									
TITLE		DELETE	3.1 T(TLE		Change	Addition							
NAME		ľ	3.2 NAME										
STREET ADDRESS			3.3 STREET ADDRESS										
CITY-ST-ZIP			3.4. CITY - ST - ZIP										
TITLE		DELETE	4.1 TITLE		Change	Addition							
NAME			4 2 NAME										
STREET ADDRESS	•		4.3 STREET ADDRESS			1							
CITY-ST-ZIP			4.4 CITY - ST - ZIP										
TITLE		DELETE	5.1 TITLE		Change	Addition							
NAME			5.2 NAME										
STREET ADDRESS			5.3 STREET ADDRESS										
CITY-ST-ZIP			5.4 CITY - ST - ZIP										
TITLE		DELETE	6.1 TITLE		Change	Addition							
NAME			6.2 NAME			ļ							
STREET ADDRESS			6.3 STREET ADDRESS										
CITY-ST-ZIP			6.4 CITY-ST-ZIP										

Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 attaching with an address.

4-25-92