SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000044319 (6)

ISABELLA FASHION DESIGN, INC.

Principal Place of Business Mailing Address 11109 IRON BRIDGE RD. 11109 IRON BRIDGE RD. ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 2a. Mailing Address

FILED Jul 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

21	_	26				29-3438202	Not Applicable
Suite, Apt.	#, etc.	Suite, /	Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City &	State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip		Country 30	у	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	·
	9. Name and Address of Current		gent			10. Name and Address of New Registered	Agent
GUIFARRO, SERGIO 11109 IRON BRIDGE RD. ORLANDO FL 32837					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 tillo it applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS ANI	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECTORS IN 12
TITLE	OP		DELETE	1.1 TITLE			Change Addition
NAME	GUIFARRO, SERGIO			1.2 NAME			
STREET ADORESS	111 09 IRON BRIDGE RD.			1.3 STREE	TADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837			1.4 CITY-S	T-ZIP		
TITLE	DS -		DELETE	2.1 TITLE			Change Addition
NAME	GUIFARRO, ISABEL			2.2 NAME	1		
STREET ADDRESS	11109 IRON BRIDGE RD.				T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837			2.4 CITY-S			
TITLE	ONE TE OEUO		December	3.1 TITLE	1-219		Tal
NAME			DELETE	3.2 NAME	Ì		Change Addition
STREET ADDRESS				1	TADDRESS		
CITY-ST-ZIP				3.4 CITY-S	T-ZIP		
TITLE			L_] DELETE	4.1 TITLE	- }		Change Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREE	T ADDRESS		
CITY-ST-ZIP				4.4 CITY-S	T-ZIP		
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE	TADDRESS		
CITY-ST-ZIP				5.4 CITY-S	T-ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME		'	VECE 1E	6.2 NAME			onungo noundri
STREET ADDRESS				•	TADDRESS		
CITY-ST-ZIP				6.4 CITY-S			
GITT-ST-ZIP		11 60	· · · · · · · · · · · · · · · · · · ·	6.4 CITY-S	1-4112		

Interept 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 of suppliemental 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 conferation or the receiver or typical empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address. **SIGNATURE**