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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000046518 (1)

U.S. DESIGN ADVISING CO.

FILED Mar 24 1998 8:00am Secretary of State



Principal Plac	e of Business	N	lailing Address				QUEEN BAUM DEMAN DESAN NESENTATION
721 SE 17 ST 721 SE 17 ST							
			FT LAUDERDALE FL 3331	1316		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 05/27/1997	
9 Principal P	Place of Business	20	Mailing Address			4. FEI Number	Manufact For
21 700 E DANGE BENCH SLUBS 700 E DANS & BOH SLUB							Applied For Not Applicable
Suite, Apt. #, etc.				3	PUT BUT		SR 75 Additional
22 202 .			27 202			5. Certificate of Status Desired	Fee Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23 DANTA FL			4 reng 89			Trust Fund Contribution	Added to Fees
Zip				Countr	У	8. This corporation owes or has paid	— • • • • • • • • • • • • • • • • • • •
24 3300		[29]		30]		Personal Property Tax due June 3	
	9. Name and Addre	iss or current Regis	stered Agent	81	I Name	10. Name and Address of New Reg	Istered Agent
	MES, PATRICK			"	INAILLE		
721 SE 17 ST FT LAUDERDALE FL 33316 82 Street Addre					ess (P.O. Box Number is Not Acceptable	NY D	
83					3 S =		W
				84	City	(E 967)	85 Zip Code
					D-1	RNTA	FL 33054
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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
10	Signature, typod or printed name	FFICERS AND DIRECT		13.	gent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
12.	<u> </u>	THUT HO AND DIRE	DELETE	1.1 TITLE	_ 	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	VIVES, PATRICK		C. Joseph	1.2 NAME			
STREET ADDRESS	721 SE 17 ST				T ADDRESS 7	GO E DENVE 13E	ACH DUM
CITY-ST-ZIP	FT LAUDERDALE	FL 33316		1.4 CITY-	-	DAVID FL 33	0076
TITLE			DELETE	2.1 TITLE	DI 211	740)18	Change Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREE	T ADDRESS		
CITY-ST-ZIP				2. 4 CITY-	-ST-ZIP		
TITLE			DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE	T ADDRESS		
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		
TITLE			DELETE	4.1 THTLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE	T ADDRESS		
CITY-ST-ZIP				4.4 CITY-	ST-ZIP		
TITLE			☐ DELETE	5.1 TITLE			Addition Addition
NAME				5.2 NAME	l.		JL 2/7/1
STREET ADDRESS				5.3 STREE	T ADDRESS		<i>71) 1/0</i> 4
CITY-ST-ZIP			0.01.000	5.4 CITY-	ST-ZIP		
TITLE			☐ DELETE	6.1 TITLE		80000246 -03/25/980100	Addition Addition
NAME	i.			6.2 NAME	- 1	~U3/ <i>E</i> 5/36~~U1UU	+UDU
STREET ADDRESS	li .				T ADDRESS	***150.00	ļ
CITY-ST-ZIP	sadifu that the informatio	n supplied with this t	iling door not qualify to	6.4 CITY-		Section 119.07(3)(i), Florida Statutes. I fu	uther certify that the information
indicated	Ollscand appeal on the control	n supplied with this t	ning does not qualify to	rice exemp	otton stated in a	opulion Traior(o)(i), Fibrida Statutes. I it	muler certify that the information

поможения от this annual report or surplanmental annual report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am at officer or director of the corporation or the reconstruction and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address.