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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051192

Corporation Name

KOOL DESIGNS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

7911 NW-12TH ST #13-MIAMI FL 9912S- -7311 NW 12TH ST #13 MIAMI-FL 33126 -

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90137 004 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 06/09/1997		
- 500000	lace of Business 2a. Mailing	Address			4 FEI Number	Appl	lied For
	lace of Business 2a. Mailing P. Farstranul Blue 26 P.C.	BOX-	72/	1694		· · ·	Applicable
21 - 75 C Suite, Apt.		DI. #, etc.	720	<u> </u>	_	\$8.75 Ad	
22 #5	27	pt. 11, 0to.			5. Certificate of Status Desired	Fee Req	I
City & State				DA	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country Zip		Country	- /	8. This corporation owes the current year Inten		l
24 531	172 25 USA 29 33	3/72 30	<u>US</u>	SH-			□No
	Name and Address of Current Registered Ag	ent		Γ	10. Name and Address of New Registered Ag	<u>jent</u>	
81 Name							
MENDONCA, JOAO C				Street A	ddress (P.O. Box Number is Not Acceptable) 81 101 101 101 101 101 101 101	VOY _	-, -
7 311 NW 12TH ST #13				93	OI FOUNTAINE BIVE,	# 3	<u>//</u>
- MIAMI FL 33126							
			84	City a		85 Zip Co	ode
					AM/ FL	1 133	172
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 Onlians Kelfludonsklantins 0//20/99							
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Regis	stered Age	it signature req	uired when reinstating) //ATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND		Addition
TITLE	100		1.1 TITLE			Z Change	☐ Addition
NAME MARTINS, JULIANA M MENDONC			1.2 NAME	1	AGA TOWN AND BLUE THE	511	
STREET ADDRESS	7 811 NW-12TH-#1 3		1.3 STREE	TADDRES\$	9501 FOOD ATING CIOCS		}
CITY-ST-ZIP	MIAMI FL 33128		1.4 CITY-S	T-ZIP	9501 FOUNTAINE BIVE, # MIAMI, FZ 33172		TA LEGIS
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				1
STREET ADDRESS			2.3 STREE	TADDRESS	•	-	-
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	1		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS		1	3.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	_		4.2 NAME	}			
STREET ADDRESS	tally take		4.3 STREE	TADDRESS			}
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE	1	☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS		1		TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME	}		6.2 NAME				j
STREET ADDRESS	<u> </u>		6.3 STREE	T ADDRESS			1
CITY OT 71D			6.4 CITY-S	ST-ZIP			

14. I hereby 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 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 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 Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/99 (305) 200-1994

-CR2E034 (41/98)