APPROVED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1899, AMOUNT DE ON OR BEFORE DEMISION: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000051490

JOSEPH FAVA DESIGN CORPORATION

Principal Place of Business	Mailing Address
150 NE 15TH AVENUE #1127	150 NE 15TH AVENUE #1127
FORT LAUDERDALE FL 33301	FORT LAUDERDALE FL 33301

99 DCT 13 AM 8: 01 Secretary of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

6-9-99	90016	027

DO NOT WRITE IN THIS SPACE

						3. Date incorporated or Qualified 06/09/1997		
2. Principal P	lace of Business	2a. Mailing Addre	is .			4. FEI Number	Applied For	\neg
21		26				65-0781010	Not Applicat	le
Suite, Apt	#, etc.	Suite, Apt. #, 4	otc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year		7
24	25	29	30				Yes DNo	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Ag	ent	
	DT1110 110115115 5 500			81 1	Name			1
	CAPITANO, MICHELLE F ESO			Street Addre	et Address (P.O. Box Number is Not Acceptable)			
	24 DURHAM STREET			[]		ad (1.0. boz Manay) is (101 Mosophaso)		
IAI	MPA FL 33605			83				
•				84 (City	FL	85 Zip Code	_
11. Pursuant office or agent Lu	to the provisions of sections 607.05 registered agent, or both, in the Statem femiliar with, and accept the obit	02 and 607.1508, Florida te of Florida Such chang gations of section 607.0	Statules, the at e was authorize 505. Florida Sta	ove-na d by the	med corporatio	ation submits this statement for the purpose of char n's board of directors. I hereby accept the appoint	nging its registered ment as registered	
SIGNATURE	Signature, typed or printed name of registered ag					red when reinelsing) DATE		
12.		ND DIRECTORS	I 13.		n a pro-tra respon	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	<u>اؤ</u> ا
TITLE	PD	DEL		TLE			Change Addition	
NAUJE	FAVA, JOSEPH C		1.2 N		1	t	مردد التا عادرون ا	‴ \ z
STREET ADDRESS	150 NE 15TH AVENUE #112) 7		REET ADI	ORESS			S
CITY ST ZIP	FORT LAUDERDALE FL 333			TY-ST-ZIF				18
TITLE		Dei					Change Aphili	٦ (
NAME			2.2 N	AME		_	John St. 1980	<i>"</i> "
STREET ADDRESS			2.1 \$1	REETADO	ORESS			
CITY-ST-ZiP			24 C	TY-81-2#	,			
TITLE		DEL					Change Addition	20
NAME .			3 2 N	ME			, o.m. ("
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CITY-ST-ZIP			340	TY-ST-ZIP				
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NAME:			4 2 N/	ME		_		"
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CITY-\$1-2iP			4.4 CI	TY-ST-ZP	,		^	- 1
FITLE	•	DEL	TE 5170	TLE			Change Change	'n
NAME		_	6 2 N	ME		_	//	
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CITY ST-24P			54 CF	TY ST ZIP	,		1111	+
HTLE		DET	ETE 6.170	LE	T		Change Calibra	m
NAME			6 2 N/	ME		-	M. I. A. A.	
STREET ADDRESS			6387	REETADO	DRESS		$X \times X$	
CITYSTIZE			1	TV 67 780			ノンンへし	

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutos. 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 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.

SIGNATURE:

JUSCOH C FAVA