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

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000058034 (4)**

DESIGNS BY OSMARY, INC.

FILED Jul 15 1998 8:00am Secretary of State

	ce of Bus iness	Mailing Address			
3070 N.W. 27TH ST 3070		3070 N.W. 27TH ST	070 N.W. 27TH ST		
MIAMI FL 33142 MIAMI FL 33142					DO HOT HID TO THE OTHER
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 07/02/1997
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26	t n		65-0765281 Not Applicable
Suite, Apt. #, etc.		·	Suite, Apt. #, etc.		\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip			Count	ry	8. This corporation owes or has paid the current year Intangible
24	25	[29]	30		Personal Property Tax due June 30. X Yes No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent
	RCIA, OSMARY		8	11 Name	
3070 N.W. 27TH ST			8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)
MIAI	MI FL 33142				
			8	13	
			В	I4 City	85 Zip Code
					FL S Z COOS
office or	registered agent, or both, in the S am familiar with, and accept the o	tate of Florida Such change was bligations of, section 607.0505, F	authorized b lorida Statut	by the corporat	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered cultivative when reinstating) DATE
12.		AND DIRECTORS	13.	- Tagoria ang isano isa	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE		Change Addition
NAME	GARCIA, OSMARY	 -	1.2 NAME	E	- • -
STREET ADDRESS	3070 N.W. 27TH ST		1.3 STREI	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-	\$T-ZIP	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	E	
STREET ADDRESS			2.3 STREI	ET 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	ET ADDRESS	
CITY-ST-ZIP			3.4 CITY-		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	ET ADDRESS	
CITY-ST-ZIP	<u> </u>		5.4 CITY		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	1	
STREET ADDRESS			6.3 STREE	ET ADDRESS	
CITY-ST-ZIP	1		6.4 CITY-	CT 7ID	

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 argual 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: X

Van

JRZEU34 (5/98)