

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90017 040 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000058034**

1. Corporation Name

**DESIGNS BY OSMARY, INC.**



Principal Place of Business <b>3070 N.W. 27TH ST MIAMI FL 33142</b> <i>2215 W. 11th Avenue Hialeah, FL 33010</i>	Mailing Address <b>3070 N.W. 27TH ST MIAMI FL 33142</b> <i>Same</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2215 W 11 Ave.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Hialeah</b> Zip 24 <b>33010</b>	2a. Mailing Address 26 <b>2215 W 11 Ave.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Hialeah</b> Zip 29 <b>33010</b>
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3. Date Incorporated or Qualified <b>07/02/1997</b>	
4. FEI Number <b>65-0765281</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GARCIA, OSMARY 3070 N.W. 27TH ST MIAMI FL 33142</b> <i>2215 W. 11th Avenue Hialeah, FL 33010</i>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>18951 SW 54 Place</b>
83	
84 City	<b>Fort Lauderdale FL</b>
85 Zip Code	<b>33332</b>

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>REGISTERED AGENT</b>
NAME	<b>GARCIA, OSMARY</b>	1.2 NAME	
STREET ADDRESS	<b>3070 N.W. 27TH ST</b>	1.3 STREET ADDRESS	<b>18951 SW 54 Place</b>
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	1.4 CITY-ST-ZIP	<b>Fort Lauderdale FL</b>
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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: *Osmary Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P97000058034  
603624-90017-40

*Designs by Osmary, Inc.*

2215 W. 11<sup>th</sup> Avenue  
Hialeah, FL 33010

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 4, 1999

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Document #P97000058034 / FEI Number 65-0765281**

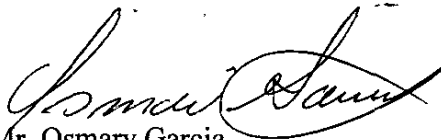
Dear Sir or Madam:

Pursuant to my conversation today with your representative Stacey, enclosed you will find check #3310 in the amount of \$150.00 for the corporation listed within. Please note that we never received a "First Notice", therefore, the payment made is for the original amount as per your request.

According to your instructions, I have crossed out the old address and written in the new one. Going forward please send all correspondence to the new address.

Thank you for your assistance.

Sincerely,



Mr. Osmary Garcia  
President

OG/cp  
Enclosures