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

**PROFIT** CORPORATION ANNUAL REPORT

1999 <sup>-</sup>



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700066221

ARIEL WOOD DESIGN, INC.

Principal Place of Business  Mailing Address  2742 NW 35 STREET  MIAMI FL 33142  US  MIAMI FL 33142  US  DO NOT WRITE IN  3. Date Incorporated or Qualifed	•	
MIAMI FL 33142 US  MIAMI FL 33142 US  DO NOT WRITE IT  3. Date incorporated or Qualified		
	IN THIS SPACE	
<b>07/31/1997</b>		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied F	or
21 65-0771073	X Not Appli	cable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & State & Election Compared Figure Figure 1	\$5.00 May B	e
23 Trust Fund Contribution	Added to Fees	
Zip Country Zip Country 8. This corporation owes the current y	year Intangible	
24 25 29 30 Personal Property Tax.	☐ Yes ☐ No	
Name and Address of Current Registered Agent     10. Name and Address of New Registered	istered Agent	
81 Name	,	
HERNANDEZ, ARIEL 3800 PALM AVE UNIT 115 82 Street Address (P.O. Box Number is Not Acceptable)	)	
HIALEAH FL 33012	-	
84 City	FL 85 Zip Code	
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 the second of directors. I hereby accept the	ie appointment as registere	0
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature freed to printed agent of florida and title if the breadth and title if the brea	DATE	- {
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 eppilicable. (NOTE: Registered Agent signature required when relinstating)	DATE .	_ }
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 exprisoner. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN	_ }
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 explicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE TITLE  PTD  DELETE  1.1 TITLE	DATE ERS AND DIRECTORS IN	12
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 expisioner. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE TITLE  PTD  HERNANDEZ, ARIEL  12. NAME	DATE ERS AND DIRECTORS IN	12
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 utle if exprisonble. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  PTD  LI TITLE  NAME  STREET ADDRESS  3800 PALM AVE, UNIT 115  1.3 STREET ADDRESS  1.3 STREET ADDRESS	DATE ERS AND DIRECTORS IN	12
agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes.  Signature, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE TITLE  PTD  HERNANDEZ, ARIEL  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  1.4 CITY-ST-ZIP	DATE ERS AND DIRECTORS IN	12
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 utle if explicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  PTD  DELETE  1.1 TITLE  HERNANDEZ, ARIEL  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  DELETE  2.1 TITLE  VSD  DELETE  2.1 TITLE	DATE ERS AND DIRECTORS IN	12 Addition
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and utile if explicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE PTD DELETE 1.1 TITLE  NAME  HERNANDEZ, ARIEL  STREET ADDRESS  CITY-ST-ZIP HIALEAH FL 33012  TITLE VSD DELETE 2.1 TITLE  NAME  GONZALEZ, MICHELL  22 NAME	DATE ERS AND DIRECTORS IN	12 Addition
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 tritle if expiritable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE TITLE  PTD  HERNANDEZ, ARIEL  STREET ADDRESS  CITY-ST-ZIP  HALEAH FL 33012  TITLE  VSD  GONZALEZ, MICHELL  STREET ADDRESS  3800 PALM AVE, UNIT 115  L2 NAME  22 NAME  STREET ADDRESS  3800 PALM AVE, UNIT 115  23 STREET ADDRESS  STREET ADDRESS  3800 PALM AVE, UNIT 115  23 STREET ADDRESS	DATE ERS AND DIRECTORS IN	12 Addition
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 utle if explicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE PTD DELETE 1.1 TITLE NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 1.4 CITY-ST-ZIP TITLE VSD GONZALEZ, MICHELL 3800 PALM AVE, UNIT 115 2.2 NAME STREET ADDRESS CITY-ST-ZIP HALEAH FL 33012 2.3 STREET ADDRESS CITY-ST-ZIP HALEAH FL 33012 2.4 CITY-ST-ZIP  THE CONZALEZ MICHELL 3800 PALM AVE, UNIT 115 2.3 STREET ADDRESS CITY-ST-ZIP HALEAH FL 33012	DATE ERS AND DIRECTORS IN Change	12 Addition
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and tritle if expirated. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE PTD DELETE 1.1 TITLE  NAME HERNANDEZ, ARIEL  STREET ADDRESS  CITY-ST-ZIP HIALEAH FL 33012  TITLE VSD DELETE 2.1 TITLE  NAME GONZALEZ, MICHELL  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP HIALEAH FL 33012  TITLE DELETE 2.1 STREET ADDRESS  CITY-ST-ZIP HIALEAH FL 33012  DELETE 3.3 STREET ADDRESS  CITY-ST-ZIP HIALEAH FL 33012  DELETE 3.1 TITLE  DELETE 3.1 TITLE	DATE ERS AND DIRECTORS IN Change	12 Addition
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  NAME  HERNANDEZ, ARIEL  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  TITLE  NAME  GONZALEZ, MICHELL  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  DELETE  2.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  DELETE  3.1 TITLE  NAME  DELETE  3.2 NAME  3.2 NAME	DATE ERS AND DIRECTORS IN Change	12 Addition
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and true if explicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  PTD  DELETE  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  TITLE  VSD  GONZALEZ, MICHELL  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  DELETE  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  1.4 CITY-ST-ZIP  TITLE  3.3 STREET ADDRESS  CITY-ST-ZIP  HALEAH FL 33012  1.4 CITY-ST-ZIP  TITLE  3.3 STREET ADDRESS  CITY-ST-ZIP  HALEAH FL 33012  1.4 CITY-ST-ZIP  TITLE  3.3 STREET ADDRESS  CITY-ST-ZIP  AMME  3.3 STREET ADDRESS	DATE ERS AND DIRECTORS IN Change	12 Addition
SIGNATURE Signature, typed or printed name of registered agent and title of explicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  PTD  DELETE  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  DELETE  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL 33012  DELETE  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO DELETE  3.4 CITY-ST-ZIP  TITLE  NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	DATE ERS AND DIRECTORS IN Change  Change	12 Addition
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and tide if apphicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  PTD  HERNANDEZ, ARIEL  3800 PALM AVE, UNIT 115  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  VSD  GONZALEZ, MICHELL  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SON PALM AVE, UNIT 115  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3800 PALM AVE, UNIT 115  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  JELETE  JE	DATE ERS AND DIRECTORS IN Change  Change	12 Addition
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	DATE ERS AND DIRECTORS IN Change  Change	12 Addition
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE S	DATE ERS AND DIRECTORS IN Change  Change	12 Addition
agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE Signature, typed or printed name of registered typen and tutle if explemente	ERS AND DIRECTORS IN Change  Change	12 Addition
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, viped or printed name of registered tigent and title of explicative.  TITLE  PTD  OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VSD  GONZALEZ, MICHELL  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  OBLETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  OBLETE  2.1 TITLE  OBLETE  3.1 TITLE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  OBLETE  3.1 TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  OBLETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  OBLETE  4.2 NAME  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  OBLETE  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  OBLETE  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.5 TITLE  5.5 T	DATE  ERS AND DIRECTORS IN  Change  Change	Addition  Addition  Addition
agent. I am familiar with, and accept the obligations of, Section 607.0905, Floridal Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and une if experience (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  PTD HERNANDEZ, ARIEL 3800 PALM AVE, UNIT 115 13. STREET ADDRESS CITY-ST-ZIP HALEAH FL 33012  14. CITY-ST-ZIP  TITLE VSD ORDALLEZ, MICHELL 3800 PALM AVE, UNIT 115 23. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 31. TITLE  AME 32. NAME 33. STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 4. TITLE AME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 4. STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 4. STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 4. STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5. TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5. STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5. STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDR	DATE  ERS AND DIRECTORS IN  Change  Change	Addition  Addition  Addition
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 true if respicative —	DATE  ERS AND DIRECTORS IN  Change  Change	Addition  Addition  Addition
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registeria signit and trist if reppleasable (NOTE: Respitative) (	DATE  ERS AND DIRECTORS IN  Change  Change	Addition  Addition
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registeria agent and title if repoleowine	DATE  ERS AND DIRECTORS IN  Change  Change  Change	Addition  Addition  Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

May 03, 1999 8:00 am Secretary of State

05-03-1999 90039 012 \*\*\*150.00