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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Oct 09 1998 8:00am Secretary of State

1998	DIVISION OF C	CORPORATIONS	Societary	or state
DOCUMENT # P970(1. Corporation Name D'ARTISTÉ DESIGNS, INC.	00086995 (2)		,	
•				
Principal Flace of Business	Mailing Address			I ABRIN NIISM INIIN INIIN NIII INII
2573 NW 59TH ST REET 2573 NW 59TH STAEET BOCA RATON FL 33496 BOCA RATON FL 33496				
poor intolera goto.	500		DO NOT WRITE IN THI S S PACE.	
			3. Date Incorporated or Qualified 10/07/1997	3
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc.	Suite, Apt. #, etc.		65-0488-063	Not Applicable
22	27		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	7ip	Country	Trust Fund Contribution This corporation owes or has paid the	Added to Fees
25	29	30	Personal Property Tax due June 30.	Yes No
Name and Address of Cur SATALINO, MARTIN	rent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
2573 NW 59TH STREET BOCA RATON FL 33496			(D.O. Flow Musels in No. Associable)	
			ress (P.O. Box Number is Not Acceptable)	
٠,		83		
•		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the purpos	e of changing its registered
agent I an fa miliar with, and accept the ob	ligations of, Section 607.0505, Flo	orida Statutes.	tion's board of directors. I hereby accept the	appoiniment as registered
SIGNATURE Signature, typical or printed name of registered	agent and then applicable (NOT	F Registereo Agent signature requ	DAT	E
12. OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12
NAME SATALINO, MARTIN	L DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS 2573 NW 59TH STREET		1.3 STREET ACCORESS		
BOCA RATON FL 33496		1.4 CHY- ST-789		
NITLE	DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS		
CITY-S1-ZIP		2 4 CITY - S1 - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME STREET ADURESS		3.2 NAME . 3.3 STREET ADDRESS		
CITY-SI-ZIP		3.3 STREET ADDRESS		
THLE	DELETE	4.1 TITLE		Change Addition
NAME		4 2 NAME		11100
STREET ADDRESS CITY-ST-7IP		4.3 STREET ADDRESS 4.4 CHY-ST-ZIP		9/1/49
THE	DFLETE	5.1 TIBLE		Change Addition
NAME		5.2 NAME	9000026608 -10/09/9801086	
STREET ADDRESS		5.3 STREET ADORESS	***550.00	U D4
CITY-\$1-7N	DELETE	5.4 CITY - S1 - ZIP 6.1 TITLE	mmooos oo	Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
COLY S1 - ZIP 14. Thereby certify that the information supplied	Will wos filling dees not qualify for	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an occurate and that my signature shall have the same legal effect as if made under oath; that I am an occurred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.