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



FLORIDA DEPARTMENT OF STATE

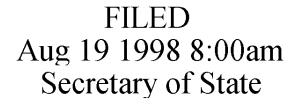
Sandra B. Mortham .

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000099263 (0)

CASA BELLA DESIGN & DEVELOPMENT CORP.





one	word								
Principal Place of Business Mailing Address									
1521 CATALONIA AVE. 1521 CATALONIA AVE.									
CORAL GABLES FL 33134 CORAL GABLES FL 33134									
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
2. Principal Place of Business 2a, Malting Address							11/18/1997		
21 Principal P	riace or busine	<u>-</u>	2a. Mailing Address			4. FEI Number 65-073549 Applied F Not Applie			
Suite, Apt.	26 Suite, Apt. #, e	apt. #. etc.			Not Applie				
22		F1	27			5. Certificate of Status Desired Fee Required			
City & Stat	te	City & State	City & State			6. Election Campaign Financing \$5.00 May B			
23			28	28			Trust Fund Contribution Added to Fees		
Zip		Country	Zip	h			8. This corporation owes or has paid the current year Intengible		
24				30			Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
BADIA, YOLANDA					81	Name	•		
1521 CATALONIA AVE.					82	Street Addre	reet Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134					83				
					63				
					84	City	85 Zip Code		
11. Pursuan	6 d a d b a a a a d a d		0 4 607 4500 Ft	<u></u>			FL Jo 2 p occor		
office or agent. I	regist ere d age am fa mi llar wit	ons of sections 607,050 ent, or both, in the State th, and accept the oblig	iz and 607.1508, Florida e of Florida. Such chang eations of, section 607.05	Statutes, the abo e was authorized 505, Florida Stat	ove-: I by utes	named corpor the corporatio	ation submits this statement for the purpose of ch anging its registered on's board of directors. I hereby accept the appointment as registered	3	
SIGNATURE								1	
	Signature, typed or	r printed name of registered age			ed Ag	ent signature requi	ired when reinstating) DATE		
12.	PD	OFFICERS AN	ND DIRECTORS	13.		т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	` •	NI ARITA	L DELI				Change Ad	ldition	
NAME	4504 04744 0484 445			1.2 NAT					
STREET ADDRESS	00041 010150 51 00404				1.3 STREET ADDRESS		1		
CITY-ST-ZIP TITLE	D	1DELO 1 L 33 134				ZIP			
NAME	LLIFFE, NA	ANCY	[] DELI	2.2 NA		ŀ	Change Ad	dition	
STREET ADDRESS		ALONIA AVE.			2.3 STREET ADDRESS			ļ	
CITY-ST-ZIP		NBLES FL 33134		2.4 CIT				1	
TITLE			DELI		_	Ber 11	Change Ad	dition	
NAME				3.2 NA	ME		Chailge Au	~vii	
STREET ADDRESS				3.3 STF	REET	ADDRESS		1	
CITY-ST-ZIP				3.4 CIT	Y-ST-	ZIP			
TITLE			DELI	TE 4.1 TIT	LĒ		Change Ad	dition	
NAME				4.2 NA	ΝE	Ì			
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CITY-ST-ZIP				4.4 CIT	Y-\$1-	ZIP			
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NAME				5.2 NAI	ΜE		•		
STREET ADDRESS				5.3 STR	EET #	ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			5.4 CIT	Y-ST-	ZIP			
TITLE			DELI	6.1 TITE	.£		Change Ad	dition	
NAME				6.2 NAI	dE.				
STREET ADDRESS				6.3 STF	EETA	ADDRESS			
CITY-ST-ZIP		·-·		6.4 CIT			ion 440 07/2V/) Elected Statutes Libration contilities the information		

an officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it on angle, or on an attachment with an appears.

7/12/98