

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90003 032 ***150.00

DOCUMENT # P9800004822

1. Corporation Name

MEDITERRANEAN DESIGNS, INC.

nk 6/22/98

Principal Place of Business

Mailing Address

229 PABLO ROAD
PONTE VEDRA BCH., FL
32082

229 PABLO ROAD
PONTE VEDRA BCH., FL
32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JANUARY 15, 1998

2. Principal Place of Business

433 PABLO AVENUE

Suite, Apt. #, etc.

City & State
JACKSONVILLE BCH., FL

Zip Country
32250 25 U.S.A.

2a. Mailing Address

26 433 PABLO AVENUE

Suite, Apt. #, etc.

City & State
JACKSONVILLE BCH., FL

Zip Country
32250 30 U.S.A.

4. FEI Number

59-3529870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PIERO SALUSSOLIA, ESQ.
200 S. BISCAYNE BOULEVARD
SUITE 4815
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name DONNA FAVA

82 Street Address (P.O. Box Number is Not Acceptable)
433 PABLO AVENUE

83

84 City JACKSONVILLE BEACH, FL 85 Zip Code 32250

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

Donna Fava

DONNA FAVA

4/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ASLAN PIGNATELLI	CORSO EIROPA KM 116.800	MAGENTA, FL 20013	<input type="checkbox"/>
D, P, VP, T, S	DONNA FAVA	229 PABLO ROAD	PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

Donna Fava

4/21/99

(904) 273-0432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA FAVA, President

Date

Daytime Phone #

CR2E034 (11/98)