

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90021 017 ***150.00

DOCUMENT # **P98000023319 (1)**

1. Corporation Name

DESIGNS BY EJ, INC ✓

Principal Place of Business

Mailing Address

**19520 SW 118 AVE
MIAMI FL 33177**

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MIAMI FL 33177**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-12-98

4. FEI Number

94-3298727

Applied For

Not Applied

\$8.75 Additional
Fee Required

5. Certificate of Status Desired ☐

\$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution ☐

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**EMIL J. HECHAVARRIA
19520 SW 118 AVE
MIAMI FL 33177**

81 Name

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

83

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 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

Emil J. Hechavarría

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-99

12. OFFICERS AND DIRECTORS

TITLE **D/P/S** ☐ DELETE

NAME **EMIL HECHAVARRIA**
STREET ADDRESS **19520 SW 118 AVE**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

Emil J. Hechavarría
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-20-99