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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90071 015 \*\*\*150.00

## 

DOCUMENT	#	P98000056913
1. Corporation Name		. 000000000

DECRISTOFARO DESIGNS, INC.

Principal Plac	e of Business	Mailing Address					
P <del>OB 293</del> 2	P <del>OB 293</del> 2 POB 2932						
MI <del>AMI BEACH</del>	<del>I-FL-9914</del> 0 MIAMI BEACH FL 33140		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed			
				' .			
	No. of Decision	Lo. Marillan Address		06/22/1998 4. FEI Number Applied For			
2. Principal P	Place of Business  8 NE 2nd AVR	2a. Mailing Address 26 P.O. BUX	2932	- 65. 082 8399 Not Applicable			
		26 P.O. BOX Suite, Apt. #, etc.	0/50	\$8.75 Additional			
Suite, Apt.	#, etc.	— · · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired Fee Required			
City & Stat	<del>- 1</del>	City & State	<del></del>				
City & Stat			ACH I				
23 //// Zip	Country	1, FLORIDA 28 14 AMI BEACH, FL Country Zip Country		8. This corporation owes the current year Intangible			
24 3313		29 33/40 30		Personal Property Tax.			
24 200	9. Name and Address of Current	<del></del>	1 1 1	10. Name and Address of New Registered Agent			
	D. Hallo alta Australia	<u> </u>	81 Nar				
DEC	CRISTOFARO, JOHN						
314	1 Sheridan avenue		82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)			
MIAI	MI BEACH FL 33140		83				
			84 City	FL 85 Zip Code			
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the above-nam	ed corporation submits this statement for the purpose of changing its registered			
office or t	registered agent, or both, in the State of	Florida, Such change was author	orized by the co	rporation's board of directors. I hereby accept the appointment as registered			
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Rec	istered Agent signat	re required when reinstating) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		☐ DELETE	1.1 TITLE	PRESIDENT Change Addition  JOHN DECRISTOFARO  3141 SHERIDAN AVE			
NAME			1.2 NAME	JOHN DECRISTOFARD			
STREET ADDRESS			1.3 STREET ADDRE	S 3141 SHERIDAN AVE			
CITY-ST-ZIP			1.4 CITY-ST-ZIP	MIAMIBEACH, FL 33140			
TITLE	☐ DELETE 2.1 7		2.1 TITLE	☐ Change ☐ Addition			
NAME	22		2.2 NAME				
STREET ADDRESS	s 2.3		2.3 STREET ADDRE	es			
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRI	ss			
CITY-ST-ZIP	ì		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME	1		4. 2 NAME				
STREET ADDRESS		·	4.3 STREET ADDRI	88			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRI	ss			
CITY-ST-ZIP	1			1			
	1		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change Addition			
TITLE NAME		☐ DELETE		☐ Change ☐ Addition			
		☐ DELETE	6.1 TITLE				

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.

**SIGNATURI**