

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90116 029 ***150.00

DOCUMENT # P98000059259

1. Corporation Name
INTEGRA DESIGNS, INC.



Principal Place of Business
55 OCEAN LANE DR.
#1028
KEY BISCAYNE FL 33149

Mailing Address
55 OCEAN LANE DR.
#1028
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

05-0858736

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~DUNKLEY, LINDSAY~~
~~55 OCEAN LANE DR.~~
~~#1028~~
~~KEY BISCAYNE FL 33149~~

10. Name and Address of New Registered Agent

81 Name MARILZA CARDENAS
82 Street Address (P.O. Box Number is Not Acceptable)
55 OCEAN LANE DR #1028
83
84 City KEY BISCAYNE FL 85 Zip Code 33149

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

Marilza A. Cardenas
Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	ANOT, NURIA	
STREET ADDRESS	50 OCEAN LANE DR #1028	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	DE ANOR, NURIA	
STREET ADDRESS	50 OCEAN LANE DR #1028	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	CARDENAS, MARILZA	
STREET ADDRESS	50 OCEAN LANE DR #1028	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with all other like empowered.

SIGNATURE:

Marilza A. Cardenas
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH/02/99 305 3611695
Date Daytime Phone #

CR2E034 (11/98)