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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000064791**

1. Corporation Name
HTMDESIGN, INC.

Principal Place of Business	Mailing Address
950 N. FEDERAL HWAY., STE. #210A POMPANO BEACH FL 33062	950 N. FEDERAL HWAY., STE. #210A POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1998

4. FEI Number: 65-0858011 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

2. Principal Place of Business	2a. Mailing Address
21	28 6278 N FEDERAL HWY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #451
City & State 23	City & State 28 FT. LAUDERDALE FL
Zip 24 / Country 25	Zip 29 33308 / Country 30

9. Name and Address of Current Registered Agent

AGUILILLA, LIZZETTE
950 N. FEDERAL HWAY., STE. #210A
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: JOSE A SANTIAGO
82 Street Address (P.O. Box Number is Not Acceptable): 6278 N. FEDERAL HWY #451
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANTIAGO, ROBERTO A		1.2 NAME	
STREET ADDRESS	1703 HAMMOCK BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33062		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SANTIAGO, JOSE A		2.2 NAME	
STREET ADDRESS	3483 NW 47 AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AGUILILLA, LIZZETTE		3.2 NAME	
STREET ADDRESS	7322 ASHLEYSHORE CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		3.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RAMIREZ, JUAN C		4.2 NAME	
STREET ADDRESS	950 N. FEDERAL HWAY., STE. #210A		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SANTIAGO, SHEILA P		5.2 NAME	
STREET ADDRESS	1703 HAMMOCK BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33062		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COLLAZO, CARLOS J		6.2 NAME	
STREET ADDRESS	950 N. FEDERAL HWAY., STE. #210A		6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: _____ D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #