

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

FILED  
Jul 14, 1999 8:00 am  
Secretary of State

07-14-1999 90019 015 \*\*\*\*88.75

07-14-1999 90019 016 \*\*\*\*61.25

DOCUMENT # P98000087455

1. Corporation Name

R.L. MANAGEMENT DESIGN, INC.

Principal Place of Business  
14762 S.W. 297TH TERRACE  
HOMESTEAD FL 33033

Mailing Address  
14762 S.W. 297TH TERRACE  
HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 740 NW 133 Ct.

27 Suite, Apt. #, etc.

28 City & State  
Miami Florida

29 Zip Country  
33182 Dade

4. FEI Number

65-0870947

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.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, RAUL  
14762 S.W. 297TH TERRACE  
HOMESTEAD FL 33033

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME LOPEZ, RAUL  
STREET ADDRESS 14762 S.W. 297TH TERRACE  
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/T/S  
1.2 NAME Clara Lopez  
1.3 STREET ADDRESS 740 NW 133 Ct.  
1.4 CITY-ST-ZIP Miami FL 33182

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/3/99

305-785-6020

CR2E034 (5/99)



*Management Design, Inc.*  
*Interior Design Specialist*

740 NW 133 CT. MIAMI, FL 33182  
Phone: (305) 785-6020 Fax: (305) 223-3523  
E-mail: rman@bellsouth.net

P98000087455  
588378-90019-8

July 3, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

To Whom It May Concern,

Re: Document #P98000087455 – R.L. Management Design, Inc.

On June 28<sup>th</sup> of this present year we received for the first time the 1999 Profit Corporation Annual Report package. This package illustrates a 2<sup>nd</sup> notice stamp on it and requests for us to pay the sum of US\$550.00 which includes a \$400.00 late fee. After calling the number listed on your notice and informing myself of all details pertaining this issue, I have taken the liberty to kindly request that you waive for us the late fee. Please notice that this was the first notice we received from the Florida Department of State, and also the first time we ever file this report.

Enclosed is our check No. 1051 for the amount of US\$61.25 and check No. 1052 for US\$88.75, covering for the filing of the annual report and the corporation supplemental fee.

Would you please confirm that the waiver has been accepted and that our account is updated on files? I'd like to straighten this out as soon as possible, and will wait to hear from you.

Thank you for your prompt attention to this matter.

Sincerely,

Raul Lopez  
President  
R.L. MANAGEMENT DESIGN, INC.