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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 19 1998 8:00am Secretary of State

1. Corporati	NTERNATIONAL DESIGNER					
Principal Place of Business 2626 N.W. 64TH BLVD. BOCA RATON FL 33496		Mailing Address			I 18011 011000 11110 18111 18010 11010 1817 01011 01	DIO BEN'IL MENEE MENEE DENIE CONT
		2626 N.W. 64TH BLVD. STE 312 BOCA RATON FL 33496 US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 04/25/1992		
2. Principal Place of Business 21		2a. Mailing Address 26	1		4. FEI Number 65-0325962	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	- n		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip 29 3	Country 30		 This corporation owes or has pald the c Personal Property Tax due June 30. 	urreet year Intangible Yes
	9. Name and Address of Curr	rent Registered Agent	81	·	10. Name and Address of New Registere	d Agent
ANTONIONI, ANDREA KARINA				Name		
2626 N.W. 64TH BLVD. BOCA RATON FL 33496			82 Street Add		Address (P.O. Box Number is Not Acceptable)	
			83	83		
			B4	City	F	B5 Zip Code
office or	it to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the of	ite of Florida. Such change was au	thorized by	the corp	corporation submits this statement for the purpose coration's board of directors. I hereby accept the ap-	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered	nound build ble if anolicable (NOTE)	Bedistored Apr	nt signature	required when reinstating) DATE	
12. OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
			1 1 TITLE			Change Addition
NAME ANTONIONI, ANDREA DARINA 12			12 NAME			

2626 NW 64 BLVD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 supplicmental 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: