

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

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90004 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000074596

1. Corporation Name
ATHOS DESIGN, INC.

Principal Place of Business Mailing Address
8185 N.W. 8th St. #F 9
Miami, Florida 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/26/98

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0878143 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | | | <input type="checkbox"/> | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 23 | | 28 | | | | <input type="checkbox"/> | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | | | |
| 24 | 25 | 29 | 30 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

TOMAS LLUNA
8185 N.W. 8th St #F9
Miami, Florida 33126

10. Name and Address of New Registered Agent

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]*
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 PRESIDENT | <input type="checkbox"/> DELETE |
| NAME TOMAS LLUNA | |
| STREET ADDRESS 8185 N.W. 8th St. #F 9 | |
| CITY-ST-ZIP Miami, Florida 33126 | |
| TITLE SECRETARY | <input type="checkbox"/> DELETE |
| NAME LUIS ORLANDO PINO | |
| STREET ADDRESS 8185 N.W. 8th St. #F-9 | |
| CITY-ST-ZIP Miami, Florida 33126 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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.

SIGNATURE: *[Signature]* **PRESIDENT** **4/27/99** (305) 267-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)