FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 290626 (1)

1. Corporation Name

DESIGNED TRAFFIC INSTALLATION CO.

Principal Place of Business	Mailing Address
4345 N.E. 12TH. TERR. FORT LAUDERDALE FL 33334	4345 N.E. 12TH. TERR. FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1965
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 8600 NW. 36th Street
Suite, Apt. #, etc.
27 Eighth Floor
City & State
28 Miami, FL
Zip
29 33166
Country
30 US

4. FEI Number: 59-1093433
☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NEILSON, MARGUERITE E.
4345 NE 12TH TERR
FT LAUDERDALE FL 33334

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	RIEGER, EBEN J	12 NAME		
STREET ADDRESS	101 SE 23RD AVE	13 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE	VD	☒ Change ☐ Addition
NAME	CLEM, JACK T.	22 NAME		
STREET ADDRESS	10931 S.W. 31ST STREET	23 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	NEILSON, MARGUERITE E.	32 NAME	Nancy J. Damon	
STREET ADDRESS	9873 SW 59 STREET	33 STREET ADDRESS	8600 NW 36th Street	
CITY-ST-ZIP	COOPER CITY FL	34 CITY-ST-ZIP	Miami FL 33166	
TITLE		41 TITLE	VP	☐ Change ☒ Addition
NAME		42 NAME	Ismael Perera	
STREET ADDRESS		43 STREET ADDRESS	8600 NW 36th Street	
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami FL 33166	
TITLE		51 TITLE	TD	☐ Change ☐ Addition
NAME		52 NAME	Carlos A. Valdes	
STREET ADDRESS		53 STREET ADDRESS	8600 NW 36th Street	
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami FL 33166	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Jorge Mas	
STREET ADDRESS		63 STREET ADDRESS	8600 NW 36th Street	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami FL 33166	

I hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nancy J. Damon 4-11-95 305-599-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CM#2689097795

0237800 CP