

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHIAS
GOVERNOR
TALLAHASSEE, FLORIDA 32399

APPROVED
AND
FILED

95 MAY -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F24151** (5)

1. Corporation Name
ASSOCIATED DESIGNERS OF MIAMI, INC.

Principal Place of Business: **8425 S.W. 48TH STREET
P.O. BOX 144066
CORAL GABLES FL 33114**

Multiple Address: **8425 S.W. 48TH STREET
P.O. BOX 144066
CORAL GABLES FL 33114**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **03/25/1981** 3a. Date of Last Report: **08/12/1994**

2. Principal Office (Continued)	2a. Multiple Address	4. FEI Number	Applied For
21	26	59-2078302	Not Applicable
State and # of	State and # of	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	28
23	28	8. This corporation has liability for intangible tax under § 199.032 Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
City	County	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

**ARGUELLES, MARIA TERESA
8425 S.W. 48TH STREET
MIAMI FL 33155**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 FL	B6 Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.1004, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 Sections 607.01(1) and Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME	PSD ARGUELLES, MARIA TERESA
2. STREET ADDRESS	8425 S.W. 48TH STREET
3. CITY, STATE	MIAMI, FL 00000
4. NAME	TD ARGUELLES, BLANCA S.
5. STREET ADDRESS	2151 SW 89TH CT.
6. CITY, STATE	MIAMI, FL 00000
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information furnished 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 with a seal. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1, of a completed or uncompleted Internet web site on address:

SIGNATURE: *Blanca Arguelles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Blanca ARGUELLES T.D.

4/28/95 (305) 5545004