SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL -6 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021185 (2)

1. Corporation Name
DESIGNS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9055 WILES ROAD SUITE 5-202 CORAL SPRINGS FL 33067	9055 WILES ROAD SUITE 5-202 CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 09/29/1994
4. FEI Number: 65-0387639 ☐ 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 elected to be exempted from the ... Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TROIOLA-COHEN, SANDRA M
9055 WILES ROAD
SUITE 5-202
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

61 Name: COHEN, IRA D.
62 Street Address (P.O. Box Number is Not Acceptable): 9055 WILES RD., ~~5-202~~
63 SUITE 5-202
64 City: CORAL SPRINGS FL 65 Zip Code: 33067

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TROIOLA-COHEN, SANDRA M
STREET ADDRESS	9055 WILES ROAD, 5-202
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	P
NAME	COHEN, IRA D
STREET ADDRESS	9055 WILES RD 5-202
CITY-ST-ZIP	CORAL SPRINGS FL 33067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE	SECRETARY	☒ Change ☐ Addition
2 TITLE	~~DIRECTOR~~ O.K. AS IS	~~☒ Change~~ ☐ Addition
3 TITLE		☐ Change ☐ Addition
4 TITLE		☐ Change ☐ Addition
5 TITLE		☐ Change ☐ Addition
6 TITLE		☐ Change ☐ Addition

CR2E034 (3/95)

14. I do 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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/28/95 Daytime Phone #: 305-341-7856

000441 CP