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

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95 JUL 27 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000011176

1. Corporation Name
Miami Design Alliance, Inc.

500001547955
-07/27/95--01069--018
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address
300 B Alhambra Street
Coral Gables, FL 33149

500001547955
-07/27/95--01069--019
******8.75 ******8.75

3. Date Incorporated or Qualified: 12/11/91
3a. Date of Last Report: 3/15/94

2. Principal Place of Business
21 605 Glenridge Road
22 Suite, Apt. #, etc.
23 City & State: Key Biscayne, FL
24 Zip: 33149
25 Country: USA

2a. Mailing Address
26 605 Glenridge Road
27 Suite, Apt. #, etc.
28 City & State: Key Biscayne, FL
29 Zip: 33149
30 Country: USA

4. FEI Number: 65 0300632
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 S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Michael F. Steffens
100 N. Biscayne Blvd., Suite 1400
Miami, Florida 33132

10. Name and Address of New Registered Agent
81 Name: Franklin H. Caplan
82 Street Address (P.O. Box Number is Not Acceptable): 100 N.E. 3rd Avenue, Suite 400
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] 7/17/95
Signature, typed or printed name of registered agent and date as required
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Director Michael F. Steffens 100 N. Biscayne Blvd., Suite 1400 Miami, Florida 33132	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Chairman Carol Updegrave 605 Glenridge Road Key Biscayne, FL 33149	☐ Change ☒ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director Jean-Francois LeJeune 1200 W. Ave., Suite 805 Miami Beach, FL 33139	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director Franklin H. Caplan 101 Crandon Boulevard, #266 Key Biscayne, FL 33149	☐ Change ☒ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Director Jose Murguido 81 Santiago Street Coral Gables, Florida 33134	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Director Gina Coleman 101 Crandon Boulevard, #266 Key Biscayne, Florida 33149	☐ Change ☒ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Director Eduardo Castineira 9400 S. Dadeland Blvd., Suite 620 Miami, FL 33156	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Director Mike Kerwin 2 Grove Isle Drive, #1207 Miami, FL	☐ Change ☒ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Director Raul Lastra 4800 N.W. 5 Street Miami, Florida 33138	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Vice Chairman/Secretary Annabel Delgado 1079 N.E. 90 Street Miami, FL 33138	☒ Change ☐ Address
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Director Annabel Delgado 1079 N.E. 90 Street Miami, Florida 33138	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Treasurer Michael F. Steffens 100 N. Biscayne Blvd., Suite 1400 Miami, FL 33132	☐ Change ☒ Address

14. I do hereby certify that the information supplied with this report 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 changed, or on an attachment with an address.

SIGNATURE: [signature] 7/17/95 (305) 375-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone