

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000001176 (6)**

1. Corporation Name

**MIAMI DESIGN ALLIANCE, INC.**



Principal Place of Business

605 GLENRIDGE RD.  
KEY BISCAYNE FL 33149

Mailing Address

605 GLENRIDGE RD.  
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified  
**12/11/1991**

3a. Date of Last Report  
**07/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPLAN, FRANKLIN H**  
**100 N.E. 3RD. AVE.**  
**STE. 400**  
**FT. LAUDERDALE FL 33301**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reconstituting)

**3/26/96**

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

TD

☐ DELETE

NAME

**STEFFENS, F. MICHAEL**

STREET ADDRESS

**100 N. BISCAYNE BLVD., #1400**

CITY - ST - ZIP

**MIAMI FL 33132**

TITLE

D

☐ DELETE

NAME

**LEJEUNE, JEAN-FRANCOIS**

STREET ADDRESS

**1200 W. AVE., STE. 805**

CITY - ST - ZIP

**MIAMI BEACH FL 33139**

TITLE

D

☒ DELETE

NAME

**MURGUIDO, JOSE**

STREET ADDRESS

**81 SANTIAGO STREET**

CITY - ST - ZIP

**CORAL GABLES FL 33134**

TITLE

D

☒ DELETE

NAME

**CASTINEIRA, EDUARDO**

STREET ADDRESS

**9400 S. DADELAND BLVD., STE. 620**

CITY - ST - ZIP

**MIAMI FL 33156**

TITLE

VCSO

☐ DELETE

NAME

**DELGADO, ANNABEL**

STREET ADDRESS

**1079 N.E. 90TH ST.**

CITY - ST - ZIP

**MIAMI FL 33138**

TITLE

DIRECTOR

☐ DELETE

NAME

**GINA COLEMAN**

STREET ADDRESS

**DIRECTOR**

CITY - ST - ZIP

1.1 TITLE

**FRANK CAPLAN**

☐ Change

☐ Addition

1.2 NAME

**SECRETARY**

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

**DIRECTOR**

☐ Change

☐ Addition

2.2 NAME

**OSCAR GLOTHMANN**

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

**DIRECTOR**

☐ Change

☐ Addition

3.2 NAME

**GOLDMAN, MARTORIE**

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

**DIRECTOR**

☐ Change

☐ Addition

4.2 NAME

**HARRINGTON, MARK**

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

**DIRECTOR**

☐ Change

☐ Addition

5.2 NAME

**KERNIN, MIKE**

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

**DIRECTOR**

☐ Change

☐ Addition

6.2 NAME

**ROMANO, PATRICIA**

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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)(k), 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 617, 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

**3/26/96**

Date

**(954) 525-9900**

Daytime Phone #

CR2E037 (12/95)