

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000001176 (6)

1. Corporation Name

MIAMI DESIGN ALLIANCE, INC.

APPROVED
AND
FILED

98 NOV 25 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

1079 NE 90 ST
MIAMI FL 33138
US

1079 NE 90 ST
MIAMI FL 33138
US

3. Date Incorporated or Qualified

12/11/1991

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200 South Biscayne Blvd

83 Suite 2950

84 City Miami

FL

85 Zip Code

33131

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

500002700765-2

12/02/98 DATE 01087-013

12. OFFICERS AND DIRECTORS

TITLE TD
NAME STEFFENS, F. M
STREET ADDRESS 100 N. BISCAYNE BLVD., #1400
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME LEJEUNE, JEAN-FRANCOIS
STREET ADDRESS 1200 W. AVE., STE. 805
CITY-ST-ZIP MIAMI BEACH FL

☒ DELETE

TITLE D
NAME GOLDMAN, MARJORIE
STREET ADDRESS 81 SANTIAGO STREET
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE D
NAME HARRINGTON, MARK
STREET ADDRESS 9400 S. DADELAND BLVD., STE. 620
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE CD
NAME DELGADO, ANNABEL
STREET ADDRESS 1079 N.E. 90TH ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE Secretary
NAME Frank Caplan
STREET ADDRESS 101 Crandon Blvd. #266
CITY-ST-ZIP Miami FL 33128

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE Board of Director
1.2 NAME Coleman, Gina
1.3 STREET ADDRESS 101 Crandon Blvd., #266
1.4 CITY-ST-ZIP Key Biscayne, Florida 33149

☐ Change ☒ Addition

2.1 TITLE Board of Director
2.2 NAME Glottman, Oscar
2.3 STREET ADDRESS 1110 Brickell Ave. #512
2.4 CITY-ST-ZIP Miami, Florida 33131

☐ Change ☒ Addition

3.1 TITLE Board of Director
3.2 NAME Goschel-Becker, Henry
3.3 STREET ADDRESS 485 W. MASANTA DR.
3.4 CITY-ST-ZIP Key Biscayne, FL 33161

☐ Change ☒ Addition

4.1 TITLE Board of Director
4.2 NAME Kerwin, Michael
4.3 STREET ADDRESS 800 Douglas Entrance
4.4 CITY-ST-ZIP Coral Gables, Florida 33134

☐ Change ☒ Addition

5.1 TITLE Board of Director
5.2 NAME Robinson, Randall
5.3 STREET ADDRESS 1205 Drexel Avenue, 2nd Floor
5.4 CITY-ST-ZIP Miami Beach, Florida 33139

☐ Change ☒ Addition

6.1 TITLE Board of Director
6.2 NAME Shannon, Matt
6.3 STREET ADDRESS 1023 SW 25 Avenue
6.4 CITY-ST-ZIP Miami, Florida 33135

☐ Change ☒ Addition

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

Date

Daytime Phone #

1/1/98 (305) 74-4350

CR2E037 (5/98)

10/2

Additional Board of Directors

Patricia Romano
328 Crandon Park Blvd. #127
Key Biscayne, Florida 33149

Carol Updegrave
605 Glenridge
Key Biscayne, Florida 33149

Rocio Yaffar
1111 Park Center Blvd.
Suite 260
Miami, Florida 33169

Suria Yaffar
4135 Laguna St.
Suite B
Coral Gables, Florida 33146
