

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

APPROVED AND FILED

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98 NOV 25 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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.

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

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	<input type="checkbox"/> DELETE
NAME	STEFFENS, F. M	
STREET ADDRESS	100 N. BISCAYNE BLVD., #1400	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEJEUNE, JEAN-FRANCOIS	
STREET ADDRESS	1200 W. AVE., STE. 805	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDMAN, MARJORIE	
STREET ADDRESS	81 SANTIAGO STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRINGTON, MARK	
STREET ADDRESS	9400 S. DADELAND BLVD., STE. 620	1079 NE 90 ST
CITY-ST-ZIP	MIAMI FL	MIAMI 33138
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DELGADO, ANNABEL	
STREET ADDRESS	1079 N.E. 90TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	Secretary Director	<input type="checkbox"/> DELETE
NAME	Frank Caplan	
STREET ADDRESS	101 Crandon Blvd. #266	
CITY-ST-ZIP	Miami FL 33128	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	Board of Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Coleman, Gina	
1.3 STREET ADDRESS	101 Crandon Blvd., #266	
1.4 CITY-ST-ZIP	Key Biscayne, Florida 33149	
2.1 TITLE	Board of Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Glottman, Oscar	
2.3 STREET ADDRESS	1110 Brickell Ave. #512	
2.4 CITY-ST-ZIP	Miami, Florida 33131	
3.1 TITLE	Board of Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Goschel-Becker, Henry	
3.3 STREET ADDRESS	485 W. MASANTA DR.	
3.4 CITY-ST-ZIP	Key Biscayne, FL 33161	
4.1 TITLE	Board of Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kerwin, Michael	
4.3 STREET ADDRESS	800 Douglas Entrance	
4.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
5.1 TITLE	Board of Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robinson, Randall	
5.3 STREET ADDRESS	1205 Drexel Avenue, 2nd Floor	
5.4 CITY-ST-ZIP	Miami Beach, Florida 33139	
6.1 TITLE	Board of Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Shannon, Matt	
6.3 STREET ADDRESS	1023 SW 25 Avenue	
6.4 CITY-ST-ZIP	Miami Florida 33135	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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  
Date: 11/2/98 Daytime Phone #: (305) 74-4350

CR2E037 (5/98)

WFL

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

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