


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90005 005 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000001176</b> ✓					
1. Corporation Name <b>MIAMI DESIGN ALLIANCE, INC.</b>					
Principal Place of Business 1079 NE 90 ST MIAMI FL 33138 US			Mailing Address 1079 NE 90 ST MIAMI FL 33138 US		

609383 - 90005 - 5 3 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/11/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0300632	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAPLAN, FRANKLIN H 200 SOUTH BISCAYNE BLVD. STE. 2950 MIAMI FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	BOARD OF DIRECTORS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEFFENS, F. M			1.2 NAME	GLOTHMAN, OSCAR		
STREET ADDRESS	100 N. BISCAYNE BLVD., #1400			1.3 STREET ADDRESS	1110 BRICKELL AVE #512		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	BOARD OF DIRECTORS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLEMAN, GINA			2.2 NAME	GOSCHEL-BECKER, HENRY		
STREET ADDRESS	101 CRANDON BLVD. #266			2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 33149			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	BOARD OF DIRECTORS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDMAN, MARJORIE			3.2 NAME	HERWIN, MICHAEL		
STREET ADDRESS	81 SANTIAGO STREET			3.3 STREET ADDRESS	890 DOUGLAS ENTRANCE		
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	BOARD OF DIRECTORS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRINGTON, MARK			4.2 NAME	ROBINSON, RANDALL		
STREET ADDRESS	1079 N.E. 90TH ST.			4.3 STREET ADDRESS	1305 DREXEL AVE 2ND FLOOR		
CITY-ST-ZIP	MIAMI FL 33138			4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE	CD	<input type="checkbox"/> DELETE		5.1 TITLE	BOARD OF DIRECTORS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELGADO, ANNABEL			5.2 NAME	SHANNON, MATT		
STREET ADDRESS	1079 N.E. 90TH ST.			5.3 STREET ADDRESS	1023 SW 25 AVE.		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	MIAMI, FL 33135		
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPLAN, FRANK			6.2 NAME			
STREET ADDRESS	101 CRANDON BLVD. #266			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33128			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/99 305-714-4350  
 Date Daytime Phone #

CR2E037 (11/98)