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

APPROVED AND FILED

95 APR 18 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **416831** **(6)**

1. Corporation Name
CINDI MUFSON DESIGN, INC.

Principal Place of Business	Mailing Address
5700 COLLINS AVE STE 5L MIAMI BCH FL 33140 US	5700 COLLINS AVE STE 5L MIAMI BCH FL 33140 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/16/1973**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21: 2 GROVE ISLE DR
22 Suite, Apt. #, etc.: #405
23 City & State: COCONUT GROVE, FL
24 Zip: 33133
25 County: DADE

2a. Mailing Address
26: 2 GROVE ISLE DR.
27 Suite, Apt. #, etc.: #405
28 City & State: COCONUT GROVE, FL
29 Zip: 33133
30 County: DADE

4. FEI Number: **59-1463268** ☐ 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

KAPELOW, FREDI-CYNTHIA
4141 NE 2ND AVENUE
SUITE 203-C
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: FREDI-CYNTHIA MUFSON
82 Street Address (P.O. Box Number is Not Acceptable): 2 GROVE ISLE DR #405
83:
84 City: COCONUT GROVE FL 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☑ Change ☐ Addition PST
NAME	KAPELOW, FREDI-CYNTHIA	12 NAME	FREDI-CYNTHIA MUFSON
STREET ADDRESS	4141 NE 2ND AVENUE, SUITE 203-C	13 STREET ADDRESS	2 GROVE ISLE DR #405
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	COCONUT GROVE, FL 33133
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 if changes or addition are reflected.

SIGNATURE: Fredi Cynthia Mufson 4/13/95 305-856-4287
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Title — Daytime Phone #

0150071 CP