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 MAY -1 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **451125** **(9)**

1. Corporate Name
DESIGN II, INC.

Principal Place of Business
4275 AURORA STREET
E
CORAL GABLES FL 33146
US

Mailing Address
4275 AURORA STREET
E
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 04/29/1974
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
2a. Mailing Address
26
Suite Apt #
22
Suite Apt #
27
City & State
23
City & State
28
24 25 29 30

4. FEI Number: 59-1521270 — 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 is liable for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
GREENBERG, MARK
~~2000 INTERNATIONAL PEACE~~
~~100 SE SECOND STREET~~
2400 SO. DIXIE HGWY
MIAMI FL 33131

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to Florida Statutes, Chapter 607, I hereby submit the above named corporation's annual report, the undersigned for the purpose of complying with Florida Statutes, Chapter 607, and in the case of a change in registered office and/or registered agent, I hereby state that the registered office and the registered agent listed above are identical to the registered office and registered agent on file with the Department of State, Division of Corporations.

SIGNATURE

12. ADDITIONAL OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVINE, MARCIA
STREET ADDRESS	2 GROVE ISLE DR. #1002
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	KAPLAN,HELEN
STREET ADDRESS	112 E 1ST CT HIBISCUS IS
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	STD
NAME	COBB, DVORA
STREET ADDRESS	11 ISLAND AVE APT 1202
CITY, ST, ZIP	MIAMI BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on the 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 of this report or is attached with an address.

SIGNATURE: Marcia L. Levine April 30, 95 446-6133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone

0189310 CP