

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jan 29, 1996 08:00 AM  
Secretary of State

DOCUMENT # 544764 (4)

1. Corporation Name

APPLICATION ORIENTED DESIGNS, INC.



Principal Place of Business

Mailing Address

4001 NW 97TH AVE. STE 100  
MIAMI FL 33178

4001 NW 97TH AVE. STE 100  
MIAMI FL 33178

2. Principal Place of Business  
21 9100 N.W. 36 STREET  
Suite, Apt. #, etc.  
22 SUITE 102  
City & State  
23 MIAMI FL  
Zip  
24 33178-2432  
Country  
25 DADE  
26 9100 N.W. 36 STREET  
Suite, Apt. #, etc.  
27 SUITE 102  
City & State  
28 MIAMI FL  
Zip  
29 33178-2432  
Country  
30 DADE

3. Date Incorporated or Qualified 09/08/1977  
3a. Date of Last Report 04/10/1995  
4. FEI Number 59-1769934  
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

10. Name and Address of New Registered Agent

MIRANDA, MERCEDES M.  
4001 NW 97TH AVE  
SUITE 100  
MIAMI FL 33178

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 9100 N.W. 36 STREET  
SUITE 102  
84 City  
MIAMI  
85 Zip Code  
FL 33178

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORNES, MARIA	1.2 NAME	
STREET ADDRESS	4001 NW 97 AVE. #100	1.3 STREET ADDRESS	9100 N.W. 36 STREET SUITE 102
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, MERCEDES M.	2.2 NAME	
STREET ADDRESS	4001 N.W. 97 AVE #100	2.3 STREET ADDRESS	9100 N.W. 36 STREET SUITE 102
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JORGE R.	3.2 NAME	
STREET ADDRESS	4001 NW 97 AVE #100	3.3 STREET ADDRESS	9100 N.W. 36 STREET SUITE 102
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 changed, or on an attachment with an address.

SIGNATURE: MARIA J. TORNES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 (500) 599-2431  
Date Daytime Phone #

CR2E034 (12/95)