

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 7:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 619990 (5)

1. Corporation Name

DESIGN MANAGEMENT INVESTMENTS, INC.

Principal Place of Business

**801 FAIRWAY DR
MIAMI BEACH FL 33141
US**

Mailing Address

**801 FAIRWAY DR
MIAMI BEACH FL 33141
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/07/1979

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1920607

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. This corporation has liability for intangible tax under S. 199.002,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 707 NW 57TH AVE

2a. Mailing Address

26 707 NW 57TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33126

County

Zip

29 33126

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLFSON, BERNARD
2655 LEJEUNE RD #600**

CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the filer (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	BEGELMAN, ISRAEL
STREET ADDRESS	707 NW 57 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	HERNANDEZ, MAURO
STREET ADDRESS	707 NW 57 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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

ISRAEL BEGELMAN

Date

Signature Printed Name