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

DOCUMENT # **F10713** **(8)**

1. Corporation Name
ARAMID MIRROR DESIGN, INC.

Principal Place of Business	Mailing Address
~~% GENE ROSEN 1550 N.E. MIAMI GARDENS DR.~~ ~~SKYLAKE STATE BANK BLDG. #305~~ ~~N. MIAMI BEACH FL 33179~~	~~% GENE ROSEN 1550 N.E. MIAMI GARDENS DR.~~ ~~SKYLAKE STATE BANK BLDG. #305~~ ~~N. MIAMI BEACH FL 33179~~

3. Date Incorporated or Qualified: **11/25/1980**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business	2a. Mailing Address
21 1271 N.E. 182nd St.	26 1271 N.E. 182nd St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N. Miami Bch., FL	City & State 28 N. Miami Bch., FL
Zip 24 33162 Country 25 U.S.A.	Zip 29 33162 Country 30 USA.

4. FEI Number: **59-2044532** ☐ 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
~~ROSEN, GENE O.~~ ~~SKYLAKE STATE BANK BLDG. #305~~ ~~1550 N.E. MIAMI GARDENS DRIVE~~ ~~N. MIAMI BEACH FL 33179~~	81 Name: Raymond Halstead 82 Street Address (P.O. Box Number is Not Acceptable): 1271 N.E. 182nd st. 83 84 City: N. Miami Bch., FL 85 Zip Code: 33162

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] Raymond Halstead PD. 4-17-96
Signature of New Registered Agent (required when name is changed) — Typed or Printed Name of New Registered Agent Signing (required when name is changed) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	HALSTEAD, RAYMOND		1.2 NAME	
STREET ADDRESS	~~10847 N.E. 2ND CT.~~		1.3 STREET ADDRESS	1271 N.E. 182nd st.
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	N. Miami Bch., FL 33162
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: [signature] Raymond Halstead PD. 4-17-96 305 754-2936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #