FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F24151

1. Corporation Name
ASSOCIATED DESIGNERS OF MIAMI, INC.

(5)

FILED								
Apr 29 1997 8:00am								
Secretary of State								

Principal Place of Business Mailing Artdress 6425 S.W. 48TH STREET 6425 S.W. 48TH STREET P.O. BOX 144066 P.O. BOX 144066 CORAL GABLES FL 33114 CORAL GABLES FL 33114-			J -40 66					
					3. Date Incorporated or Qualified 03/25/1981	3a. Date of 04/29/1		oport
2. Principal Place of Business 2a. Mailing Acc 2f 26					4. FEI Number 59-2078302			plied For of Applicable
I Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 '	3.75 A	Additional	
City & State		27 City & State		6. Election Campaign Financing				
23 Zip Country		[28] Zip	ZipCountry		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curren	29 L Registered Agent	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
ARQUELLES, MARIA TERESA				Name				
8425 S.W. 48TH STREET MIAMI FL 33155			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
			83					
			84	City		FL 85	Zip (Code
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was flons of, Section 607,0505, Fl	authorized by the	ne corporati	oration submits this statement for the prior's hoard of directors. I hereby accept	urpose of chai I the appointm	iging its ient as	s registered registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12
TITLE	PSD AMADIA TEDOGA	DELETE	1.1 THILE				Change	Addition
NAME ARGUELLES, MARIA TERRSA STREET ADDRESS 8425 S.W. 48TH STREET			1.2 NAM€					
CITY-ST-ZIP	MIAMI EL 00000		1.3 STREET AD 1.4 CHTY-ST-					
TITLE	π	DELFTE	2.1 NILE	-			Change	Addition
NAME			2.2 NAMŁ					
STREET ADDRESS			2.3 STREET AD	DRESS				
CITY-ST-ZIP TITLE	MIAMI, FL 00000	2.41 DETELE 3.1		7IP			Change	TTT KARTES
NAME		L_J DELETE 3.:				L (mange	Addition
STREET ADDRESS			3.3 STREET AD	idress				
CITY-ST-ZIP			3.4. C(1Y - S1-					
TITLE		DELETE 4.º					Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS	3		4.3 STREET AD					
CITY-ST-ZIP		DELETE	4.4 CITY - St - 2	7(P			Y	Latellian
TITLE NAME		E DETECT	5.2 NAME			L (Change	Addition
STREET ADDRESS			5.3 STREET AD	DRESS				
CITY-ST-ZIP			5.4 CHY-SI-2					
TITLE		DELETE	61 TILE				Change	Addition
NAME			6.2 NAME					

6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing 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 suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.