

Date Due: Amount Due: If After Due Date:

CORPORATION
ANNUAL REPORT
2000
AMENDMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 21 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # F28517

CHEMICAL DESIGN COMPANY, INC
12257 SW 130 Street
Miami, FL 33186

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Principle Place of Business
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified 04/06/81
3a. Date of Last Report 04/26/00
4. FEI Number 59-2104585
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
\$138.75 Supplemental Fee Not Required

9. Name and Address of Current Registered Agent

PETER G GRUBER
9100 South Dadeland Boulevard
Suite 910
One Datan Center
Miami, FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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

DATE

(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE P/D
1.2 NAME Linda Kantrowitz
1.3 ADDRESS 7430 SW 131 Street
1.4 CITY-ST-ZIP Miami, FL 33156
2.1 TITLE V
2.2 NAME Carey Kummelman
2.3 ADDRESS 22195 Braddock Place
2.4 CITY-ST-ZIP Boca Raton, FL 33428
3.1 TITLE S/T
3.2 NAME Bonni Goldberg
3.3 ADDRESS 1606 NW 183 Terrace
3.4 CITY-ST-ZIP Pembroke Pines, FL 33029
4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

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5.3 ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

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14. I 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. I further certify 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 of Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE

DATE

Print/Type Name of Signing Officer or Director

Title(s)

Daytime Telephone Number

LINDA F. KANTROWITZ

President

(305) 238-2296