

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F77540 (5)
1. Corporation Name
DESIGN CENTER OF THE AMERICAS, INC.

Principal Place of Business C/O LAWRENCE GODOFSKY 1221 BRICKELL AVENUE MIAMI FL 33131	Mailing Address * JAMES DANTO 1700 STUTZ DR. STE. 25 TROY MI 48064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/23/1982	
4. FEI Number 38-2501365		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent GODOFSKY, LAWRENCE 1221 BRICKELL AVE. MIAMI FL 33131		9. 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		10. Name and Address of New Registered Agent	

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			
TITLE	NAME	STREET ADDRESS	
CITY-ST-ZIP	PSD DANTO, JAMES	1700 STUTZ DRIVE, NO. 25 TROY MI	
TITLE	NAME	STREET ADDRESS	
CITY-ST-ZIP	VD DANTO, BETTY J.	1700 STUTZ DRIVE, NO. 25 TROY MI	
TITLE	NAME	STREET ADDRESS	
CITY-ST-ZIP	TD DANTO, MARVIN I.	1700 STUTZ DRIVE, NO. 25 TROY MI	
TITLE	NAME	STREET ADDRESS	
CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	
CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	
3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	
6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

14. I 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/98

248-649-4770

CR2E034 (10/97)