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FIT
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ANN. REPORT
1996

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

DOCUMENT # **F93000000500 (9)**

1. Corporation Name
DESIGN CENTRE CORP. OF CORAL GABLES

Principal Place of Business	Mailing Address
% BDO SEIDMAN 100 SE 2ND ST.. SUITE 2200 MIAMI FL 33131	% BDO SEIDMAN 100 SE 2ND ST.. SUITE 2200 MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
21 BDO SEIDMAN LLP	26 BDO SEIDMAN LLP
Suite, Apt. #, etc. 22 100 SE 2 ST #2200	Suite, Apt. #, etc. 27 100 SE 2 ST #2200
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33131 / 25	Zip / Country 29 33131 / 30

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 04/11/1995
4. FEI Number: 65-0021556 (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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.1506, 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
Signature, typed or printed name of registered agent and title if an officer. (NOTE: Registered Agent's signature required if box 10 filled)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CVS MALLOW, ROBERT A 55 E. 87TH ST., APT. 9D NEW YORK NY 10128	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 1650 SW 1ST TER. APT 403D PEMBROKE PINES, FL 33027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RIVES, JONATHAN A 2715 TIGERTAIL, APT 202 COCONUT GROVE FL 33133	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 180 THOMPSON ST, APT. 3C NEW YORK, N.Y. 10007
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	600001822266 -05/15/96--01047--022 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition >2 5.1

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: _____, V.P. 4/5/96 (305) 444-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT A. MALLOW VICE-PRES.