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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 Office or Principal Mailing Address
% BDO SEIDMAN, LLP
100 SE 2ND ST., SUITE 2200
MIAMI FL 33131

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

Mailing Address
% BDO SEIDMAN, LLP
100 SE 2ND ST., SUITE 2200
MIAMI FL 33131-2132

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified 02/04/1993
3a. Date of Last Report 05/01/1996

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

6. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or principal place of business 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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

1. NAME CVS
2. NAME MALLOW, ROBERT A
3. STREET ADDRESS 1850 SW 124 TERR., APT. #4030
4. CITY - ST - ZIP PEMBROKE PINES FL 33027
5. TITLE DP
6. NAME RIVES, JONATHAN A
7. STREET ADDRESS 180 THOMPSON ST., APT #3C
8. CITY - ST - ZIP NEW YORK NY 10007
9. TITLE
10. NAME
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100. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS 7461 SW 6Y STREET
4. CITY - ST - ZIP MIAMI, FL 33143
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
9. TITLE ☐ Change ☐ Addition
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97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. CITY - ST - ZIP

14. I do hereby certify that this 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 furnished 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* , vice-pres 3/7/97 (305) 444-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* , vice-pres

CR2E034 (9/96)