FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
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 Place of Business
% BDO SEIDMAN, LLP
100 SE 2ND ST., SUITE 2200
MIAMI FL 33131

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

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

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

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 Section 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
CVS		1.2 NAME		
MALLOW, ROBERT A		1.3 STREET ADDRESS	7461 SW 6Y STREET	
1650 SW 124 TERR., APT. #4030		1.4 CITY-ST-ZIP	MIAMI, FL 33143	
PEMBROKE PINES FL 33027				
	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
DP		2.2 NAME		
RIVES, JONATHAN A		2.3 STREET ADDRESS		
180 THOMPSON ST., APT #3C		2.4 CITY-ST-ZIP		
NEW YORK NY 10007				
	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
		3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
		4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
		5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
		6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____, Vice-Pres 3/7/97 (305)444-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT A. MALLOW, V.P.