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Feb 21 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 # F93000003696 (2)

1. Corporation Name  
DESIGNERS CHOICE OF MIAMI, INC.



Principal Place of Business  
205 'A' STREET, 3RD FLOOR  
BOSTON MA 02110

Mailing Address  
205 'A' STREET, 3RD FLOOR  
BOSTON MA 02210-1303

3. Date Incorporated or Qualified  
08/12/1993

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 04-2989284	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

BUDNICK, MYRON H ESQUIRE  
8050 NW 90TH STREET  
MIAMI FL 33166

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, MIGUEL	1.2 NAME	
STREET ADDRESS	205 'A' STREET 3RD FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	1.4 CITY-ST-ZIP	
TITLE	VCT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDO, MAURICIO	2.2 NAME	
STREET ADDRESS	CARREA 9, NO 74-08	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA, COLUMBIA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDO, JAUN MIGUEL	3.2 NAME	
STREET ADDRESS	CARREA 9, NO 74-08	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA, COLUMBIA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, MARY	4.2 NAME	
STREET ADDRESS	205 'A' STREET, 3RD FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Miguel Pardo 2/18/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)