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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 11 1998 8:00am Secretary of State

DOCUMENT # F9700005908 (5) FELDMAN DESIGN GROUP INC. Principal Place of Business Mailing Address 60 E. 42ND ST., #1201 NEW YORK NY 10165 60 E. 42ND ST., #1201 NEW YORK NY 10165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/06/1997</u> 2a. Mailing Address 2. Principal Place of Business Applied For 13-3713504 Not Applicable 21 Suite, Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Zip Country This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FELDMAN, DOUGLAS 1000 QUAYSIDE TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33138** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections (#7.0502 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 Frends. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familiar with, and the obligations of, Section 607 0505, Florida Statutes. SIGNATURE A (NOTF: Registered Agent signature required when reinstating) CRZE034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 100 DELETE Change 1.1 THLE TITLE President FELDMAN, DOUGLAS NAME 1.2 NAME 1000 QUAYSIDE TERRACE #401 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33138** 14 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-\$1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - ST - ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY -ST-ZIP 54 CITY-ST-7IP DELETE Change ■ Addition TITL€ 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 in 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 secure or true componed 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 affactive material and dress.

OLONIATUDE: N

5/198 \$ 305-866-24