FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(4)

	BORNSTEIN	DESIGN	GROUP.	INC.
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Principal Place	of Business	Mailing Address				-		8
2381 N.E. 193RD ST. MIAMI FL 33180		•	2381 N.E. 193RD ST.					
						3. Date incorporated or Qualified 07/13/1983	3a. Date of La 03/28	st Report /1995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt. #	# etc	Suite, Apt. #, etc.				59-2310008		Not Applicable
22	,, 0.0.	27 Soile, Apr. #, 816.				5. Certificate of Status Desired		.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing		
23		28				Trust Fund Contribution		5.00 May Be idded to Fees
Zip	Country	Zip	Co	ountry	,	8. This corporation has liability for in		
24	25	29	30				□No	
	9. Name and Address of Curr	ent Registered Agent			r	10. Name and Address of New Re	gistered Agent	
				81	Name			
	AN, L. JOSEPH			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
	JNSET DRIVE							
CORAL	GABLES FL			83				
				84	City		85	Zip Code
44 Durouppt to	o the emploies of Deather COZ OF	00 1007 1500 5: 11 0:		Ш,	<u> </u>	ation submits this statement for the purpo	- 1 -1	•
	ed agent, or both, in the State of Fix h, and accept the obligations of, Se			corp	oration's boar	d of directors. I hereby accept the appoir	ntment as regist	ered agent. I am
	Signature, typed or printed name of registered ag		OTE Registere	ed Agen	t signature required	when reinstaling)	DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE	PVS	☐ DELETE	1.1	TITLE			☐ Char	nge 🔲 Addition
NAME	Bornstein, Stephen		1.21	NAME				
STREET ADDRESS	2381 NE 193RD STREET		1.3 \$	STREET	ADDRESS			
CITY-SI-ZIP	MIAMI FL	F1 Drugge		CITY-S	T-ZIP		·	
TITLE	TD	DELETE	- 4	TITLE	[Char	nge 🔲 Addition
NAME CLOSEL ADDRESS	BORNSTEIN, STEPHEN			NAME				
STREET ADDRESS	2381 NE 193RD STREET				ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL	DELETE		CITY-SI TITLE	T - ZIP			
NAME				NAME			☐ Char	ige
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				SITY-SI				
TITLE		DELETE		TITLE	1-411		Chan	ige Addition
NAME		-		IAME				- Nodition
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP) Y-\$1				
TITLE		☐ DELETE		TITLE			☐ Char	ge Addition
NAME			5.2 N	IAME			_	_
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY - ST - ZIP			5.4 C	CITY - ST	F- ZIP			
TITLE		☐ DELETE	6. 1 1	TITLE			Chan	ge 🔲 Addition
NAME			6.2 N	IAME				_
STREET ADDRESS			6.3 S	TREET	ADDRESS			
CITY-ST-ZIP			64C	ITY-SI	- ZIP			
14. I do hereby	certify that the information supplied	with this filing is voluntarily furn	nished and	does	not qualify for	r the exemption stated in Section 119.07	(3)(k). Florida St	atutes. I further

I do hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. Flurither 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.