

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H29980 (0)

1. Corporation Name

MICHAEL ARAK, DESIGNER, INC.



Principal Place of Business

Mailing Address

2100 CORAL WAY
#403
MIAMI FL 33156
US

10900 S.W. 61ST CT.
MIAMI FL 33156
US

NEW ADDRESS:

NEW ADDRESS:

2. Principal Place of Business

21 10414 NW 31 TERRACE

Suite, Apt. #, etc.

23 MIAMI, FLA

24 33172

25 DADE USA

2a. Mailing Address

26 17980 NE. 31 COURT

Suite, Apt. #, etc.

28 AVENTURA, FLA DADE

29 33160

30 USA

3. Date Incorporated or Qualified
11/08/1984

3a. Date of Last Report
04/20/1995

4. FEI Number
59-2475682

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

ARAK, MICHAEL
10900 S.W. 61ST CT.
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name ARAK, MICHAEL
82 Street Address 17980 NE. 31 COURT
83 AVENTURA FLA
84 City FL 85 Zip Code 33160

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 MICHAEL ARAK PRES. Michael Arak PRES. MAPPING

June 12, 1996

Signature typed or printed name of registered agent and the if applicable (NOTE: Reg. Agent's signature required when it is stated)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ARAK, MICHAEL	
STREET ADDRESS	10900 S.W. 61ST CT.	17980 NE. 31 COURT
CITY - ST - ZIP	MIAMI FL	AVENTURA FL 33160
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ARAK, KAREN	
STREET ADDRESS	10900 S.W. 61ST CT.	17980 NE. 31 COURT
CITY - ST - ZIP	MIAMI FL	AVENTURA FL 33160
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	(SAME AS MAILING)
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	(SAME AS MAILING)
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MICHAEL ARAK PRES. Michael Arak PRES. JUNE 12, 1996 305-499-9669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)