PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H63199

DESIGN PURCHASING INTERNATIONAL, INC

FILED Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90050 042 ***150.00

DESIGN	PUNUNA	SING INTERINATION	IAL, INO		٠								
Principal Place	e of Busines	STATE	Mailing Address	S						BIO IBIIU IVII	OTEN BIRL	pipir Die fi	D1417 B2841 1841
19595 NE 10TH MIAMI FL 33179	AVE #D		19595 NE 10TH / MIAMI FL 33179										
US			US							WRITE IN	THIS S	ACE	
•								06/21/		lifed			
2. Principal Pl	lace of Busi	ness :	2a. Mailing Add	lress				4. FEI Nur				A	pplied For
21			26					65-020)17 <u>39</u>				ot Applicable
Suite, Apt.	#, etc.	The state of the s	Suite, Apt. #	t, etc.				5. Certifca	te of Status Desire	ed 🗆		·	Additional equired
City & State	е	Section 1	City & State)				i •.	Campaign Finance	cing _			May Be
23		3.44	28						ind Contribution				to Fees
Zip		Country 25	Zip		. Co	ountry	•	1 -	poration owes the Il Property Tax.	current ye		gible ∐Yes	□No
24	· o Name	and Address of Current			301	1			ind Address of N	lew Regist	tered Ag	jent	
	. y, Ivaille	A CONTENT	Biora an Library			81	Name						-
	SNER, JE NE 207TI		•			82	Street Addre	ess (P.O. Box	Number is Not Ac	ceptable)		_	
	VTURA FL	v v		•		83				. ;	* * * * * * * * * * * * * * * * * * *	1 1 1 1 1 1	有题基
	34		in artu			84	City			,	EI.	85 Zip	Code
وريا والمج													
A Spring	to the provis	sions of Sections 607.0502	and 607.1508, Flor	rida Statuti	es, the	above-	named corpo	oration submits	this statement fo	r the purpo	ose of ch	anging its	s registered
∴i> agent. Lai r SIGNATURE	m familiar w	sions of Sections 607.0502 pent, or both, in the State of ith, and accept the obligation	ons of, Section 607	.U5U5, FIO	nda Sta	atutes.			this statement for rectors. I hereby			anging its	s registered egistered
SIGNATURE	m familiar w	ith, and accept the obligate	and title if applicable.	.U5U5, FIO	Register	ed Agent		d when reinstating)	The state of the s	DA	ATE	_	
SIGNATURE	m familiar w	ith; and accept the obligator d or printed name of registered agent OFFICERS AND	and title if applicable. D DIRECTORS	.U5U5, FIO	Register	red Agent		d when reinstating)	s this statement for rectors. I hereby	DA	ATE RS AND	_	ORS IN 12
SIGNATURE 12.	Signature, type	or printed name of registered agent OFFICERS AND	and title if applicable. D DIRECTORS	(NOTE	Register	ed Agent		d when reinstating)	The state of the s	DA	ATE RS AND	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, type PD WEISSNE	or printed name of registered agent OFFICERS AND	and title if applicable. D DIRECTORS	(NOTE	Register 13	ed Agent TITLE NAME		d when reinstating)	The state of the s	DA	ATE RS AND	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, type PD WEISSNE 3801 NE	or printed name of registered agent OFFICERS AND OFFICERS	and title if applicable. D DIRECTORS	(NOTE	Registen 13 1.1 1.2 1.3	ed Agent TITLE NAME STREET	signature required	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISSNE 3801 NE AVENTUI	or printed name of registered agent OFFICERS AND OFFICERS	and title if applicable. D DIRECTORS	(NOTE	Registen 13 1.1 1.2 1.3	ed Agent TITLE NAME	signature required	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD WEISSNE 3801 NE AVENTUL	or printed name of registered agent OFFICERS AND OFFICERS	and title if applicable. D DIRECTORS	(NOTE	Register 13 1.1 1.2 1.3 1.4 2.1	ed Agent TITLE NAME STREET	signature required	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECTI Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WEISSNE AVENTULE D WEISSNE	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL ER, HELENE	and title if applicable. D DIRECTORS	(NOTE	13 1.1 1.2 1.3 1.4 2.1 2.2	ed Agent TITLE NAME STREET / CITY-ST- TITLE NAME	signature required	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECTI Change	ORS IN 12
A agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD WEISSNE AVENTUE D WEISSNE 3801 NE AVENTUE D WEISSNE 3801 NE 3801 NE	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and title if applicable. D DIRECTORS	(NOTE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3	ed Agent TITLE NAME STREET / CITY-ST- TITLE NAME	ADDRESS ADDRESS	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECTI Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WEISSNE AVENTUE D WEISSNE 3801 NE AVENTUE D WEISSNE 3801 NE 3801 NE	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL ER, HELENE	and title if applicable. D DIRECTORS	(NOTE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	and Agent and Agent B. TITLE NAME STREET CITY-ST- TITLE NAME STREET	ADDRESS ADDRESS	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECTI Change	ORS IN 12
A agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISSNE AVENTUE D WEISSNE 3801 NE AVENTUE D WEISSNE 3801 NE 3801 NE	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and title if applicable. D DIRECTORS	(NOTE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1	ed Agent TITLE NAME STREET / CITY-ST- TITLE NAME STREET / GCITY-ST	ADDRESS ADDRESS	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECTION Change	ORS IN 12 Addition
A agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD WEISSNE 3801 NE AVENTUE D WEISSNE 3801 NE AVENTUE AVENTUE	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and title if applicable. D DIRECTORS	(NOTE	13 1.1 1.2 1.3 1.4 2.1 1.2 2.3 2.4 4.3.1 3.2 3.3	and Agent A Agent B AGENT TITLE NAME STREET TITLE NAME STREET CITY-ST TITLE NAME STREET A CITY-ST TITLE NAME STREET	ADDRESS ADDRESS ADDRESS ADDRESS	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECTION Change	ORS IN 12 Addition
Agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD WEISSNE 3801 NE AVENTUE D WEISSNE 3801 NE AVENTUE AVENTUE	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and little if applicable. DIRECTORS	OSUS, FIGURE (NOTE) DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	ed Agent TITLE NAME STREET TITLE NAME STREET I CITY-ST TITLE NAME STREET CITY-ST CITY-ST CITY-ST CITY-ST CITY-ST CITY-ST CITY-ST CITY-ST	ADDRESS ADDRESS ADDRESS ADDRESS	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECTI Change	ORS IN 12 Addition Addition Addition
Agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	PD WEISSNE 3801 NE AVENTUE D WEISSNE 3801 NE AVENTUE AVENTUE	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and little if applicable. DIRECTORS	(NOTE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 4.1 4.1	address. add Agent . TITLE NAME STREET TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE	ADDRESS ADDRESS ADDRESS ADDRESS	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECTION Change	ORS IN 12 Addition Addition Addition
Agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	PD WEISSNE 3801 NE AVENTUI D WEISSNE 3801 NE AVENTUI	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and little if applicable. DIRECTORS	OSUS, FIGURE (NOTE) DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 4.1 4.2	ad Agent TITLE NAME STREET / TITLE NAME STREET / TITLE NAME STREET / CITY-ST TITLE NAME NAME RAME RAME RAME RAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECTI Change	ORS IN 12 Addition Addition Addition
Agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD WEISSNE 3801 NE AVENTUI D WEISSNE 3801 NE AVENTUI	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and title if applicable. D DIRECTORS	OSUS, FIGURE (NOTE) DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 4.1 4.2 4.3	ad Agent TITLE NAME STREET /	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	d when reinstating)	The state of the s	DA	ATE RS AND	DIRECTI Change	ORS IN 12 Addition Addition Addition
Agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISSNE 3801 NE AVENTUI D WEISSNE 3801 NE AVENTUI	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and title if applicable. D DIRECTORS	DELETE DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 4.1 4.2 4.3 4.4	ad Agent TITLE NAME STREET / TITLE NAME STREET / TITLE NAME STREET / TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST CITY-ST CITY-ST CITY-ST	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	d when reinstating)	The state of the s	DA	RS AND	DIRECTI Change	ORS IN 12 Addition Addition Addition Addition
Agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD WEISSNE 3801 NE AVENTUI D WEISSNE 3801 NE AVENTUI	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and title if applicable. D DIRECTORS	OSUS, FIGURE (NOTE) DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 4.1 4.2 4.3 4.4 5.1	ad Agent TITLE NAME STREET / TITLE NAME STREET / TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	d when reinstating)	The state of the s	DA	RS AND	DIRECTI Change	ORS IN 12 Addition Addition Addition Addition
Agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	PD WEISSNE 3801 NE AVENTUI D WEISSNE 3801 NE AVENTUI	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and title if applicable. D DIRECTORS	DELETE DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 4.1 4.2 4.3 4.4 5.1 5.2	and Agent and Agent Title NAME STREET TITLE NAME NAME NAME NAME NAME NAME NAME NAME NAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	d when reinstating)	The state of the s	DA	RS AND	DIRECTI Change	ORS IN 12 Addition Addition Addition Addition
Agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD WEISSNE 3801 NE AVENTUI D WEISSNE 3801 NE AVENTUI	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and title if applicable. D DIRECTORS	DELETE DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3	and Agent and Agent Title NAME STREET NAME STREET TITLE NAME STREET STREET TITLE NAME STREET ST	ADDRESS ADDRESS - ZIP ADDRESS	d when reinstating)	The state of the s	DA	RS AND	DIRECTI Change	ORS IN 12 Addition Addition Addition Addition
Agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISSNE 3801 NE AVENTUI D WEISSNE 3801 NE AVENTUI	or printed name of registered agent OFFICERS AND R, JEROME 207TH ST #1404 RA FL R, HELENE 207TH ST #1404	and title if applicable. D DIRECTORS I I	DELETE DELETE DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4	and Agent and Agent Title NAME STREET TITLE NAME NAME NAME NAME NAME NAME NAME NAME NAME	ADDRESS ADDRESS - ZIP ADDRESS	d when reinstating)	The state of the s	DA	RS AND	DIRECTI Change	ORS IN 12 Addition Addition Addition Addition Addition
Agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WEISSNE 3801 NE AVENTUI D WEISSNE 3801 NE AVENTUI	or printed name of registered agent OFFICERS AND ER, JEROME 207TH ST #1404 RA FL ER, HELENE 207TH ST #1404 RA FL	and title if applicable. D DIRECTORS I I	DELETE DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 1.2 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	and Agent and Agent Title NAME STREET CITY-ST	ADDRESS ADDRESS - ZIP ADDRESS	d when reinstating)	NS/CHANGES TO	DA	RS AND	DIRECTI Change	ORS IN 12 Addition Addition Addition Addition Addition
Agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISSNE 3801 NE AVENTUI D WEISSNE 3801 NE AVENTUI	or printed name of registered agent OFFICERS AND ER, JEROME 207TH ST #1404 RA FL ER, HELENE 207TH ST #1404 RA FL	and title if applicable. D DIRECTORS I I	DELETE DELETE DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 1.2 2.2 2.3 2.4 4.1 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2	and Agent and Agent TITLE NAME STREET TITLE NAME	ADDRESS ADDRESS - ZIP ADDRESS	d when reinstating)	NS/CHANGES TO	DA	RS AND	DIRECTI Change	ORS IN 12 Addition Addition Addition Addition Addition

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 or 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 for 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 inchanged, or an an attachment with an address, with all other like empowered.

SIGNATURE

ATURNANO WASHO OF SUITED NAMES SIGNING OFFICER OR DIRECTOR

2/3/99

305) 999-992/ Daystre Princip