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**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1, Corporation	MENT # K1744	14	(6)								
J DESI	IGN, INC.		- •								
Principal Place	of Business	Mailing Ac	ddress							ARIA BIRALIA	j i l
18200 N.W. 27TH AVE #153			18200 N.W. 27TH AVE #153								
MIAMI FL 33056		., .	MIAMI FL 33056				Date Incorporated or Qualified 03/09/1988	1	3a, Date of Last Report 08/24/1995		
2. Principet Pla	ace of Business	2a. Mailing	g Address				4. FEI Number			Applied Fo	or
21		26					65-0034175			lot Applic	
Suite, Apt.	#, etc	Suite,	Apt. #, etc.				5. Certificate of Status Desired			Additional Required	al
22		27									
City & State	•	City &	State				6. Election Campaign Financing			O May Be d to Fees	
23		28		T	untry		Trust Fund Contribution 8. This corporation has liability for	intanaible tas			
Zip	Country	Ζιρ 29		30	un iti y		Florida Statutes		No No	3 100.002	h 1
24	9. Name and Address of Curre		oent	JU	Ţ		10. Name and Address of New R				
					81	Name					
	ohen, Joseph				92	Stroot Ada	ross (P.O. Box Number is Not Accepta	hie)			
4954 SHERIDAN ST.					82 Street Address (P.O. Box Number is Not Acceptable)						
н	OLLYWOOD FL 33021				83						
					104	City			85 Zi	p Code	—-
					1	City		FL			
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508	, Florida Statul	es, the a	bove r	amed corp	poration submits this statement for the	ourpose of cha	inging i	ts register	red
office or re	egistered agent, or both, in the Stat	e of Florida, Such nations of, Section	n change was a in 607,0505. Fic	authorize orida Sta	ed by the states.	e corporal	poration submits this statement for the plan's board of directors. Thereby accep	д ин-арроли	nent as	registeret	4,0
	The trial and accept the con-										
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicat	ile (NÖ	IF Begister	red Agent	signature requ	ared when reinstating!	[)41 £			
12.	OFFICERS A	ND DIRECTORS		13.		r	ADDITIONS/CHANGES TO OFF	CERS AND D	Change		
TITLE	PD		DEFELE		TITLE			L_	i Gnang	- L.J Au	avanti-UH
NAME	COHEN, JOSEPH				NAME	1					
STREET ADDRESS	4954 SHERIDAN ST.				STREET A						
City-St-ZIP	HOLLYWOOD FL		05:535		CITY-ST-	ZIP			Chang		ddition
TITLE			DELETE	- 1	TITLE			لــا	Unany	. L AC	JUHU:I
NAME					NAME						
STREET ADDRESS					STREET A						
CITY-ST-ZIP			DOUBLE		CITY-ST	- ZIP			Chang	ρ Ι Δ	ddition
TITLE			DELETE		TITLE	1		L_i	Grany	· L.J ^	
NAME					NAME	DC0500					
STREET ADDRESS				1	STREET A						
CITY-ST-ZIP			Dri cre		CITY - ST	I · ZIP			Chang	e I T A	ddition
TITLE			DELETE	1	THILE			L	,		
NAME					2 NAME	Innoces					
STREET ADORESS					STREET	i					
CITY-ST-2IP			DELETE		CITY - ST TITLE	- 214			Cnang	e A	Addition
TITLE			L. Dittil		NAME		6000018: -07/05/96010	3460			
NAME						ADRIBECC	-07/05/9601	J2800 ¹	(
STREET ADDRESS					STREET A		***225.00				
CITY-ST-ZIP			DELETE		I CITY-SI I TITLE	-212			Chang	je A	Addition
TITLE			L. DECENC		NAME	1					
NAME					STREET	ADDRESS					
STREET ADDRESS	1			■ 0 <i>/</i>	e apirketi/	nuuntoo					

6 4 CITY-ST-ZIP

SIGNATURE: .

STREET ADDRESS

SIGNATURE AND TYPING PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 Statute's 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 effective 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 Statuta at that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.