FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K20454** **(0)**

1. Corporation Name
DIVINE DESIGNS, INC.

Principal Place of Business	Mailing Address
SIMCHA FREEDMAN 991 N.E. 181 ST. N. MIAMI BCH. FL 33162	SIMCHA FREEDMAN 991 N.E. 181 ST. N. MIAMI BCH. FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2420 N.E. 201 Street	26 2420 N.E. 201 Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 No. Miami Beach, FL	City & State 28 No. Miami Beach, FL
Zip 24 33180 Country 25 USA	Zip 29 33180 Country 30 USA

4. FEI Number: 65-0079664 ☐ 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	10. Name and Address of New Registered Agent
FREEDMAN, SIMCHA 991 N.E. 181 ST. NORTH MIAMI BEACH FL 33162	81 Name: FREEDMAN, SIMCHA 82 Street Address (P.O. Box Number is Not Acceptable): 2420 N.E. 201 STREET 83 84 City: No. Miami Beach FL 85 Zip Code: 33180

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	FREEDMAN, SIMCHA	12 NAME	FREEDMAN, SIMCHA
STREET ADDRESS	991 NE 181ST STREET	13 STREET ADDRESS	2420 N.E. 201 STREET
CITY-ST-ZIP	N MIAMI BEACH FL	14 CITY-ST-ZIP	N. MIAMI BEACH FL 33180
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	BUNDER, MILES	22 NAME	
STREET ADDRESS	4495 ADAMS AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BUNDER, MILES	32 NAME	
STREET ADDRESS	4495 ADAMS AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Simcha Freedman (SIMCHA FREEDMAN) April 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0176012 CP