Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90045 023 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K24907

1. Corporation Name

MICA DESIGNS OF MIAMI, INC.

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\													
Principal Place of Business Mailing Address								1	i ibbititit gin tinit Bibin	1811 1011111			811 91811 18BI
C/O SHIRLEY A 11500 SW 120TI MIAMI FL 33176	h street	C/O SHIRLEY A. DEUTCH 11500 SW 120TH STREET MIAMI FL 33176					DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualifed 05/27/1988						
2. Principal Pla	ace of Business	2a. Mailing Address						FEI Number		_	Apr	died For	
21		26						65-0051193			Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5.	Certificate of Status Des	ired [\$8.75 A Fee Re	- 1	
City & State	·	City & State				6.	Election Campaign Fina Trust Fund Contribution						
Ζίρ 24	Co	untry	Zip Cor 29 30			Country			This corporation owes the Personal Property Tax.	ne current	t year Inta		□No
	9. Name and A		<u>' </u>			10.	Name and Address of	New Reg	gistered A	gent			
DEUTCH, SHIRLEY A. 11500 SW 120TH STREET MIAMI FL 33176						81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City						85 Zip C	ode
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 Signature board or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)													registered pistered
						- digna	adio rod	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	OI HOLINO AND		13. 1.1 TITLE				100111011010			Change	Addition	
NAME	DEUTCH, SHIRL 11500 SW 120T			i	1.2 NAME	er ADDR	Eee						
STREET ADDRESS	MIAMI FL	II SIRLLI				1.4 City-st-zip							
CITY-ST-ZIP	PST				2.1 TITLE						Change	☐ Addition	
NAME	DEUTCH, SHIRL	FY A	_	2.2 NAME									
STREET ADDRESS	11500 SW 120T			2.3 STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL				2. 4 CITY-ST-ZIP								
TITLE	- 2 .			DELETE	3.1 TITLE	-					2	Change	Addition
NAME					3.2 NAME								
STREET ADDRESS					3.3 STREE	T ADDR	ESS						\
CITY-ST-ZIP					3.4. CITY-	ST-ZIP							
TITLE				DELETE	4.1 TITLE							☐ Change	☐ Addition
NAME					4. 2 NAME	:							
STREET ADDRESS		,			4.3 STREE	T ADDR	tess						-

CITY-ST-ZIP 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 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ППЕ

NAME

TITLE

NAME

DELETE

☐ DELETE

Change

☐ Change

☐ Addition

Addition