

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # K29545
1. Corporation Name
BEVERLY HILLS DESIGN CO.

Principal Place of Business Mailing Address
2838 NE 187 ST. SARG
AVENTURA, FL 33180

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	7/27/88	1996
22 City & State	27 City & State	4. FEI Number	Applied For Not Applicable
23 Zip	28 Zip	65-0066731	
24 Country	29 Country	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

ELAINE RUBIN
19767 TURNBERRY WAY # 5F
AVENTURA, FL 33180

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EILEEN FRIED		1.2 NAME	
STREET ADDRESS	19667 TURNBERRY WAY Apt 21K		1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180		1.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LENORE ELIAS		2.2 NAME	
STREET ADDRESS	21180 NE 20 CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		2.4 CITY-ST-ZIP	
TITLE	D ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ELAINE RUBIN		3.2 NAME	
STREET ADDRESS	19707 TURNBERRY WAY APT 5F		3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do 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, as applicable, with an address.

SIGNATURE:

Elaine Rubin

Date

Daytime Phone #

4/29/97