FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K38803** **(8)**

1. Corporation Name

DESIGN DESIGN, INC.

Principal Place of Business	Mailing Address
1791 BLOUNT RD. #201 POMPANO BEACH FL 33069	1791 BLOUNT RD. #201 POMPANO BEACH FL 33069

2. Principal Place of Business	2a. Mailing Address
21 6555 NW 9TH AVE	26 6555 NW 9TH AVE
22 Suite, Apt. #, etc. 209	27 Suite, Apt. #, etc. 209
23 City & State FT. LAUDERDALE, FL	28 City & State FT. LAUD. FL
24 Zip 33309 25 Country BROWARD	29 Zip 33309 30 Country USA

3. Date Incorporated or Qualified: 10/13/1988
3a. Date of Last Report: 03/21/1995
4. FEI Number: 65-0081534 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ No — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ No — $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

BRAY, ALAIN
1791 BLOUNT RD 3201
POMPANO BCH FL 33069

10. Name and Address of New Registered Agent

81 Name BRAY, ALAIN
82 Street Address (P.O. Box Number is Not Acceptable) 6555 NW 9th AVE Suite 209
83 ~~FT.~~
84 City FT. LAUDERDALE FL 85 Zip Code 33309

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] PRESIDENT. 4-8-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST BRAY, ALAIN 1791 BLOUNT RD. #201 POMPANO BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PST BRAY, ALAIN 6555 NW 9th AVE Suite 209 FT. LAUDERDALE, FL 33309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAY, ALAIN 1791 BLOUNT RD. #201 POMPANO BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: [signature] ALAIN BRAY 4-8-96 954-772-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day/Time Phone #

PRESIDENT