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 APR 19 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K61502 (6)

1. Corporation Name
COSMOPOLITAN DESIGN CORP.

Principal Place of Business	Mailing Address
% JONATHAN H WARNER 175 N.W. FIRST AVE 11TH FLOOR MIAMI FL 33128 US	% JONATHAN H WARNER 175 N.W. FIRST AVE 11TH FLOOR MIAMI FL 33128 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1989
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business	2a. Mailing Address
21 100 S.E. 2nd Street	26 100 S.E. 2nd Street
Suite, Apt. #, etc. 22 17th floor	Suite, Apt. #, etc. 27 17th floor
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / County 24 33131 / 25	Zip / County 29 33131 / 30

4. FEI Number: 65-0208315 ☐ 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

9. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARNER, JONATHAN H
175 N.W. FIRST AVE
11TH FLOOR
MIAMI FL 33128-6835

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street

83
17th floor

84 City
Miami FL 85 Zip Code
33131

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 the date signed) (NOTE: Registered Agent signature required where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	11 TITLE	☐ Change ☐ Addition
NAME	AGOSTINI, PIERRE J.	12 NAME	
STREET ADDRESS	3526 N MIAMI AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	AGOSTINI, PIERRE J.	22 NAME	
STREET ADDRESS	3526 N. MIAMI AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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, if voluntarily furnished, 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 added, above or on an attachment with an blank.

SIGNATURE: Pierre De Agostini 02/14/1995 305-624-4776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)
DPV

Q05004 CP