

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L15631** (9)

1. Corporation Name

MEDIA DESIGN SYSTEMS, INC.



Principal Place of Business

**4100 N.E. 2ND AVENUE, SUITE 304
MIAMI FL 33137**

Mailing Address

**4100 N.E. 2ND AVENUE, SUITE 304
MIAMI FL 33137**

3. Date Incorporated or Qualified

09/11/1989

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

21 800 BRICKELL AVENUE

2a. Mailing Address

26 800 BRICKELL AVENUE

4. FEI Number

65-0295161

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 600

Suite, Apt. #, etc.

27 SUITE 600

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 MIAMI FL

City & State

28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 33131

Country

25 DADE

Zip

29 33131

Country

30 DADE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JACKSON, ESTHER & PHYLLIS PESATURO
2570 FLAMINGO DRIVE
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and agent, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D JACKSON, ESTHER**
STREET ADDRESS **2570 FLAMINGO DRIVE**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **D PESATURO, PHYLLIS**
STREET ADDRESS **2570 FLAMINGO DRIVE**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTHER JACKSON

Date

Daytime Phone

4/23/96 305/373-3700

CR2E034 (12/95)