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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

M02905

(1)

Principal Place o	S AUGER DESIGN ASSOC	Mailing Address	EAN RE			
1130 WASHING SIXTH FLOOR		1130 WASHINGTON AVI SIXTH FLOOR				
MIAMI BEACH FL 33139 US		MIAMI BEACH FL 33139 US		3. Date Incorporated or Qualified 07/19/1984	3s. Date of Last F 03/21/19	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number		Applied For
		26 Suite, Apt. #, etc.		59-2440971 Not App. \$8.75 Additiv		Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	Required
City & State		City & State		6. Election Campaign Financing	, ,	0 May Be
3	0	28	Country	Trust Fund Contribution 8. This corporation has liability for	AUG	199.032
Zip []	Country 25	Zip 29	30		∏No	100.002,
Ц	9. Name and Address of Curren		81 Name	10. Name and Address of New F	Registered Agent	
N/A Claudia C. Auger 38 S. HIBISCUS DRIVE MIAMI BEACH FL 33139 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes or registered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes			83 84 City	ddress (P.O. Box Number is Not Acceptable) FL 85 Zip Code		
SIGNATURE (Claudia C. Huger, Ignature typed or printed name of registered agrint OFFICERS ANI	President X and title if applicable (NO) DIRECTORS	Free felic Front Signature required.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT	ORS IN 12
Tifle	ST MOOUTE A	DELETE	1. 1 TITLE		☐ Change	Addition
NAMÉ STREET ADORESS	AUGER, JACQUES A. 38 S. HIBISCUS DRIVE		1.2 NAME 1 13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 Q [Y-ST-ZIP			
TITLE	P CLAUDIA C	☐ D€LETE	2 1 TLE		Change	Addition
NAME	AUGER, CLAUDIA C. 38 S. HIBISCUS DRIVE		2 2 NºME 2.3 \$ REET ADDRESS			
STHEET ADDRESS Dity-St-Zip	MIAMI BEACH FL		2 4 1 Y - ST - ZIP			
TITLE		☐ DELETÉ	3 1 LE		☐ Change	Addition
NAME .			3.2 ME 3.3 REET ADDRESS			
STREET ADDRESS CITY+S1-ZIP			3.4 C - ST - ZIP			
III.E		☐ DELETE	4. E		Change	Addition
NAME			4.			
STREET ADDRESS			4. ST-ZIP			
CITY-ST-ZIP Title		DELETE	5. E		☐ Chang	e 🔲 Addition
NAME		—	5 2 IE			
STREET ADDRESS			5.3 EET ADDRESS			
CITY - S1 - ZIP		☐ DELETE	5 4 Y-ST-ZIP 6 1 ILE		[] Chang	e [] Addition
TITLE			62 JAME			
NAME CORRECT ADDRESS			6.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			6.4 CITY - ST - 71P			
	y certify that the mormation supplied the information indicated on this and I am an officer or director of the corp Block 12 or Block 12 y changed, or	with this filing is voluntarily furnual report or supplemental and oration or the receives or truste on an attachment or the an add	nished and does not qualify ual report is true and accu e empowered to execute t uss.	r for the exemption stated in Section 11 rate and that my signature shall have th his report as required by Chapter 607, I	9.07(3)(k), Florida Sta le same legal effect a Florida Statutes; and	tutes. I further s if made unde that my name

SIGNATURE: Wana

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-534-3200