[illegible]

CORPORATION ANNUAL REPORT 1994-1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04260

1. Corporation Name

J.R.D. DESIGNS, INC.

Mailing Address — Principal Place of Business

360 N.E. 59th TERR.
MIAMI, FL. 33137

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address (21)	2a. Principal Place of Business (26) SAME AS ABOVE
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: 8-21-84
3a. Date of Last Report: 1993 10-19
4. FEI Number: 59-2437348 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: $8.75 [illegible] ☒
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
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
SUAREZ, REGINE M.	81 Name ← SAME
360 N.E. 59th TERR.	82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL. 33137	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE [signature] PRES. 2.13.95
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. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	PRESIDENT	1 1 TITLE	HAYDEE LOPEZ
1 2 NAME	REGINE M. SUAREZ	1 2 NAME	168 N.E. 40th ST.
1 3 STREET ADDRESS	360 N.E. 59th TERR.	1 3 STREET ADDRESS	MIAMI, FL. 33137
1 4 CITY ST ZIP	MIAMI, FL. 33137	1 4 CITY ST ZIP	
2 1 TITLE		2 1 TITLE	* (NOTE: DELETE THIS
2 2 NAME		2 2 NAME	OFFICER FROM NEW
2 3 STREET ADDRESS		2 3 STREET ADDRESS	REPORT. NOT WITH
2 4 CITY ST ZIP		2 4 CITY ST ZIP	CORPORATION SINCE
3 1 TITLE		3 1 TITLE	7/94) *
3 2 NAME		3 2 NAME	
3 3 STREET ADDRESS		3 3 STREET ADDRESS	
3 4 CITY ST ZIP		3 4 CITY ST ZIP	
4 1 TITLE		4 1 TITLE	500001454859
4 2 NAME		4 2 NAME	-04/12/95--01091--021
4 3 STREET ADDRESS		4 3 STREET ADDRESS	****400.00 ****400.00
4 4 CITY ST ZIP		4 4 CITY ST ZIP	
5 1 TITLE		5 1 TITLE	
5 2 NAME		5 2 NAME	
5 3 STREET ADDRESS		5 3 STREET ADDRESS	
5 4 CITY ST ZIP		5 4 CITY ST ZIP	
6 1 TITLE		6 1 TITLE	
6 2 NAME		6 2 NAME	
6 3 STREET ADDRESS		6 3 STREET ADDRESS	
6 4 CITY ST ZIP		6 4 CITY ST ZIP	3/15/95

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)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] PRES. 2/13/95 (305) 576-7818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #