

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000001176 (6)**

1. Corporation Name

MIAMI DESIGN ALLIANCE, INC.



Principal Place of Business 605 GLENRIDGE RD. KEY BISCAIYNE FL 33149	Mailing Address 605 GLENRIDGE RD. KEY BISCAIYNE FL 33149-2014
--	---

3. Date Incorporated or Qualified 12/11/1991	3a. Date of Last Report 05/20/1996
--	--

2. Principal Place of Business 21 1079 NE 90 ST Suite, Apt. #, etc. 22 City & State 23 MIAMI FL. Zip 24 33130 Country 25 DADE	2a. Mailing Address 26 1079 NE 90 ST Suite, Apt. #, etc. 27 MIAMI FL City & State 28 Zip 29 33130 Country 30 DADE
---	---

4. FEI Number 65-0300632	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent CAPLAN, FRANKLIN H 100 N.E. 3RD. AVE. STE. 400 FT. LAUDERDALE FL 33301	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE *Franklin H. Caplan* DATE **March 20, 1997**

12. OFFICERS AND DIRECTORS	
TITLE	TO ☐ DELETE
NAME	STEFFENS, F. M
STREET ADDRESS	100 N. BISCAIYNE BLVD., #1400
CITY-ST-ZIP	MIAMI FL
TITLE	D ☐ DELETE
NAME	LEJEUNE, JEAN-FRANCOIS
STREET ADDRESS	1200 W. AVE., STE. 805
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D ☐ DELETE
NAME	GOLDMAN, MARJORIE
STREET ADDRESS	81 SANTIAGO STREET
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D ☐ DELETE
NAME	HARRINGTON, MARK
STREET ADDRESS	9400 S. DADELAND BLVD., STE. 620
CITY-ST-ZIP	MIAMI FL
TITLE	PCD ☐ DELETE
NAME	DELGADO, ANNABEL
STREET ADDRESS	1079 N.E. 90TH ST.
CITY-ST-ZIP	MIAMI FL 33138
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	Director / Secretary
1.3 STREET ADDRESS	Franklin Caplan
1.4 CITY-ST-ZIP	101 Crandall Blvd. #266
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Gina Coleman
2.4 CITY-ST-ZIP	101 Crandall Blvd #266
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Franklin H. Caplan* DATE **3/22/97** (954) 525-9000

CR2E037 (9/96)