FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 1999 8:00 am
Secretary of State
08-25-1999 90005 005 ****61.25

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DOCUMENT # N94000001176

1. Corporation Name

MIAMI DESIGN ALLIANCE, INC.

609383 - 90005 - 5

Principal Place of Business	Mailing Address
1079 NE 90 ST MIAMI FL 33138 US	1079 NE 90 ST MIAMI FL 33138 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/11/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0300632 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPLAN, FRANKLIN H 200 SOUTH BISCAYNE BLVD. STE. 2950 MIAMI FL 33131	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	BOARD OF DIRECTORS	☐ Change ☐ Addition
NAME	STEFFENS, F. M		1.2 NAME	GIOTTMAN, OSCAR	
STREET ADDRESS	100 N. BISCAYNE BLVD., #1400		1.3 STREET ADDRESS	1110 BRICKELL AVE #512	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE	D	☐ DELETE	2.1 TITLE	BOARD OF DIRECTORS	☐ Change ☐ Addition
NAME	COLEMAN, GINA		2.2 NAME	Goschel-Becker, Henry	
STREET ADDRESS	101 CRANDON BLVD. #266		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	BOARD OF DIRECTORS	☐ Change ☐ Addition
NAME	GOLDMAN, MARJORIE		3.2 NAME	Berwin, Michael	
STREET ADDRESS	81 SANTIAGO STREET		3.3 STREET ADDRESS	800 Douglas Entrance	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	☐ DELETE	4.1 TITLE	BOARD OF DIRECTORS	☐ Change ☐ Addition
NAME	HARRINGTON, MARK		4.2 NAME	Robinson, Randall 2nd Flr.	
STREET ADDRESS	1079 N.E. 90TH ST.		4.3 STREET ADDRESS	1205 Drexel Ave	
CITY-ST-ZIP	MIAMI FL 33138		4.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	CD	☐ DELETE	5.1 TITLE	BOARD OF DIRECTORS	☐ Change ☐ Addition
NAME	DELGADO, ANNABEL		5.2 NAME	Shannon, Matt	
STREET ADDRESS	1079 N.E. 90TH ST.		5.3 STREET ADDRESS	1023 SW 25 Ave.	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, FL 33135	
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CAPLAN, FRANK		6.2 NAME		
STREET ADDRESS	101 CRANDON BLVD. #266		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33128		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: [signature] ~~SIGNATURE REQUIRED~~ 8/9/99 305-714-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)