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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

P40888

(0)

DESIGN GOLD LTD., INC.

FILED May 01 1996 8:00 am Secretary of State

Dringing Diago	f Bueinaes	Maling Address	,,	1 1841183 11 9184 8144 1914 1		
Principal Place of Business Mailing Address 2040 DEWEY ST. 2040 DEWEY ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020			0			
				 Date Incorporated or Qualified 10/12/1992 	05/01/1995	
2. Principal Plac	e of Business	2a. Mailing Address 26		4. FEI Number 36-2867214	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Oty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z(p 24	Country 25	Zip 29	Gountry 30	Florida Statutes Y	or intangitile tax under s. 199 032. es. No	
	9. Name and Address of Currer	nt Registered Agent	81 Nam	10. Name and Address of New	r Hegistered Agent	
SILVERMAN, MARK E.			82 Stree	t Address (P.O. Box Number is Not Accept	ddress (P.O. Box Number is Not Acceptable)	
2040 DEI HOLLYW	WEY ST. OOD FL 33020		83	W		
			84 City		FL 85 Ziyi Code	
SIGNATURE		ID DIRECTORS	13.		DATE OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE NAME	P SILVERMAN, H. GENE 2040 DEWEY ST.	☐ DELETE	1 4 TITLE 12 NAME 1 3 STREET ADDRES	S	Change C Addition	
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY ST-ZIP			
TITLE	S	☐ DELETE	2 1 TITLE		Change Addition	
NAME STREET ADDRESS	SILVERMAN, MARK E. 2040 DEWEY ST.		2.2 NAME 2.3 STREET ADDRES	s		
CITY-ST-ZIP TITLE	HOLLYWOOD FL	DELETE	2.4 CITY - ST - ZIP 3.1 THE F		Change Addition	
NAME	SILVERMAN, MORTON		3.2 NAME			
STREET ADDRESS	2040 DEWEY ST.		3.3 STHEET ADDRE	is S		
CHY-ST-ZiP	HOLLYWOOD FL	DELETE	3.4 C(TY - \$1 - Z(P) 4.1 TITLE		Change Addition	
TITLE NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRE	ss		
CITY-S1-ZIP			4.4 City - ST - ZiF			
TITLE		☐ DELF1E	5 1 101.6		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRE	55		
CITY-ST-ZIP		DELETE	6 1 THE		Change Addition	
TITLE			6.2 NAME			
NAME CIDECT ADDRESS			63 STREET ADDRE	55		
STREET ADDRESS CHTY+ST-ZIP			6.4 City St-ZiP			
14. I do hereb certify that	y certify that the information supplies the information indicated on this an Lam an officer or director of the con in Block 12 or Block 13 if of angeon	nual report or supplemental all world for the receiver or trus:	mished and does not must report is true and tee empowers: to exe	quairly for the exemption stated in Section I accurate and that my signature shall have route this report as required by Chapter 60	119.07(3)(k). Florida Statutes. I further the same legal effect as if made under 7. Florida Statutes; and that my name	

SIGNATURE:

Mark Silverman Mark Silverman

____4/29/.9**5**

954-921-8900