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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000004382 (6) DOCUMENT

DE-DESIGN GRAPHICS CORP.

Principal Place of Business Mailing Address 6011 N BAYSHORE DRIVE #12 6011 N BAYSHORE DRIVE #12 MIAMI FL 33137 MIAMI FL 33137

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/20/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0398016 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trüst Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 RAYMOND, DEIRDRE 6011 N BAYSHORE DRIVE #12 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33137 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1,1 TITLE Change TITLE RAYMOND, DEIRDRE NAME 1.2 NAME STREET ADDRESS 6011 N BAYSHORE DRIVE #12 1.3 STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 22 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3,2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CiTY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 eath, 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachpten, with an address.

SIGNATURE:

ME A RAYMOND

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156.8271

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