FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016155 (2)

INVESTMENTS IN DESIGNS, INC.

APPROVED AND

97 APR 30 PM 3:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 2300 CORAL WAY		Mailing Address 2300 CORAL WAY					
MIAMI FL 33145		MIAMI FL 33145-3511					
					3. Date Incorporated or Qualified 03/03/1993	3a, Date of La 05/01/198	
├ ── -			iling Address		4. FLI Number		Applied For
21 2300 C		26 2300 CORAL	WAY		65-0389845 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	75 Additional
22 # 200		27 # 200	27 #_ 200		6. Octimicate of Status Desired	└ Fe	e Required
City & State 23 MIAMI FLORIDA		City & State 28 MIAMI FLOR			6. Election Campaign Financing \$5.00 May Be		
	Zip Country				Trust Fund Contribution		ded to Fees
24 33145	—a ´	2ip 29 33145	Count	ry	8. This corporation has liability fo		ler s. 199.032,
24 00170	25 US 9, Name and Address of Co	urrent Registered Agent	30 US		Florida Statutes 10. Name and Address of New F	Yes No	
FLOR	RIDA ANNUAL REPORT SEF		8	1 Name	(U. Name and Address of New F	egistereo Agent	
	CORAL WAY	THOSE HIS					
	E 200		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
	VI FL 33145		8	3			
,,,,,			<u> </u>				
) 6	4 City		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 607	0502 and 607.1508 Norida	tablics line abo		ornoration submits this statement for the	numpse of changi	no its registered
office or re	egistered anont, for bilin, in the	May of loyda Sucrichange	as authorized	by the corpo	orporation submits this statement for the ration's board of directors. I hereby according	ept the appointmen	il as registered
\		on paining to Sequence 1050;	Florida Statut		LOPEZ PRES		
SIGNATURE.	Signature, typed or printed same of position	ed agont and title if applicable	AMADA Horistend A	Dent signature re	QUITED (PICES)	DATE	
12.		S AND DIRECTORS	18.		ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	PSTD	DELETE	1.1 1111.6			Cha	
NAME	LOPEZ-CANTERA, AMADA		1.2 NAW		P/S/T/D/ LOPEZ-CANTER		
STREET ADDRESS	1036 SW 1 ST		1.3 STRE	ET ADDRESS	2300 CORAL WAY, SUITE # 200		
CITY-ST-ZIP	MIAMI FL 33130		1.4 CITY	·ST-ZIP	MIAMI FLORIDA 33145		
TITLE		☐ DELETE				Chai	nge 🔲 Addition
NAME			2.2 NAMI	:			
STREET ADDRESS			2.3 \$1RF	ET ADDRESS			
CITY-ST-ZIP			2 4 CHY	-S1-ZIP			
TITLE		DELETE	3 1 THLE			☐ Char	nge 🔲 Addition
NAME	·		3.2 NAM		SOCIO	16476	5 - 1
STREET ADDRESS			3.3 S1RE	1 ADDRESS	-05/02	/9701162	001
PZY-ST-ZIP			3.4. CITY	- S1 - ZIP	第次軍事事	65.00 ***	*165.00
TITLE		☐ DELETE	4.1 THLE			Char	nge 🔲 Addition
-NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	S1-2/P			
TITLE		DELETE				Char	nge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	0 10)		
TITLE		DELETE	6.1 TITLE	/	marou	Char	nge 🔲 Addition
NAME			6.2 NAME] 7	VC LAI		
STREET ADDRESS				1 ADDRESS	ນັ		
CITY-ST-ZIP			6.4 CHY-		-		
	w certify that the information sur	whiad with this films does not a			and in Section 110 07/3V// Floride Statut	1 ()	41 (3)

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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 or an attachment with an address.