FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000017369 (8)**

1. Corporation Name

BD DESIGN, INCORPORATED

Principal Place of Business
7155 EAST LAGO DRIVE
CORAL GABLES FL 33143

Mailing Address
7155 EAST LAGO DRIVE
CORAL GABLES FL 33143

3. Date Incorporated or Qualified	3a. Date of Last Report
03/03/1993	08/22/1995

4. FEI Number: 65-0393158 ☐ 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

2. Principal Place of Business
21 7155 Lago Dr. E.
Suite, Apt. #, etc.
22
City & State
23 Coral Gables, Fl
Zip 24 33143 Country 25 Dade

2a. Mailing Address
26 7155 Lago Dr East
Suite, Apt. #, etc.
27
City & State
28 Coral Gables, Fl
Zip 29 33143 Country 30 Dade

9. Name and Address of Current Registered Agent

MCCLASKEY, ROBERT M JR
1550 MADRUGA AVENUE
SUITE 120
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name Benjamin DeMeo
82 Street Address (P.O. Box Number is Not Acceptable) 7155 Lago Dr. E.
83
84 City Coral Gables FL 85 Zip Code 33143

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] 5/29/96
Signature, Typed or Printed Name of Registered Agent and Title if Applicable / DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DE MEO, BENJAMIN A	
STREET ADDRESS	7155 EAST LAGO DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	600001860636	
6.3 STREET ADDRESS	-06/12/96--01129--028	
6.4 CITY-ST-ZIP	***225.00	

6/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Benjamin DeMeo 5/14/96 305 665-9078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (12/95)