

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000036428 (9)

1. Corporation Name

DISEÑO INDUSTRIAL FORM, CORP.

Principal Place of Business

9100 S Dadeland Blvd.
#704 Miami, FL 33156

Mailing Address

9100 S Dadeland Blvd. #704
Miami, FL 33156

3. Date Incorporated or Qualified
05/19/1993

3a. Date of Last Report
09/29/1995

2. Principal Place of Business

2a. Mailing Address

21 4815 NW 79th Ave. # 1

26 4815 NW 79th Ave. #1

4. FEI Number

65-0410706

Applied For

Not Applicable

State Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33166

25 USA

29 33166

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lozada, Luis E.

3150 SW 122 Avenue
Miami, FL 33175

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 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 of officer or director of registered agent and street and zip code

Signature of Registered Agent (signature required when registering)

DATE

03/06/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
DP Lozada, Luis E.
3150 SW 122 Ave.
Miami, FL 33175

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
DVP Rodriguez, Jesus
576 NW 159 Lane
Pembroke Pines, FL

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
ST Gonzalez, Jeannette C.
3150 SW 122 Ave.
Miami, FL 33175

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
M Losada, Eleazar
4815 NW 79th Ave. #1
Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
[] DELETE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lozada, Luis E.

03/06/96

Date

305-639-9701

Telephone Number

CR2E034 (12/95)