

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000037105 (2)**  
 1. Corporation Name  
**THE SOUTH BEACH DESIGN GROUP, INC.**



Principal Place of Business <b>701 LINCOLN ROAD                  SUITE 104                  MIAMI BEACH FL 33139                  US</b>	Mailing Address <b>701 LINCOLN ROAD                  SUITE 104                  MIAMI BEACH FL 33139                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> 701 LINCOLN ROAD	<b>26</b> 701 LINCOLN RD
Suite, Apt. #, etc. <b>22</b> SUITE 105	Suite, Apt. #, etc. <b>27</b> SUITE 105
City & State <b>23</b> MIAMI BEACH, FL.	City & State <b>28</b> MIAMI BEACH, FL.
Zip <b>24</b> 33139	Country <b>25</b> U.S.
Country <b>29</b> U.S.	Zip <b>30</b> 33139

<b>3.</b> Date Incorporated or Qualified 05/24/1993
<b>4.</b> FEI Number 65-0420719
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**SCHNEIDER, JOHN C**  
 505 S. FLAGLER DR.  
 #1001  
 W. PALM BCH. FL 33401

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DVP</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>LIVINGSTONE, BARRIE H</b>	
<b>STREET ADDRESS</b>	<b>701 LINCOLN RD. SUITE 104</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33139</b>	
<b>TITLE</b>	<b>DPS</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>RAESSLER, R. C</b>	
<b>STREET ADDRESS</b>	<b>701 LINCOLN RD. SUITE 104</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BCH FL 33139</b>	
<b>TITLE</b>	<b>DC</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>RAESSLER, ROBERT V</b>	
<b>STREET ADDRESS</b>	<b>701 LINCOLN RD. SUITE 104</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33139</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>GUZMAN, ANDRES O</b>	
<b>STREET ADDRESS</b>	<b>701 LINCOLN RD. SUITE 104</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33139</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14.** I 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 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:** \_\_\_\_\_ **3/25/98 (305) 672-8840**

CR2E034 (10/97)