

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mortman
Secretary of State
DIVISION OF CORPORATIONS

2796-0827-C

DOCUMENT # P93000045983 (2)

1. Corporation Name

ANSWER DESIGN, INC.



Principal Place of Business

Mailing Address

5805 BLUE LAGOON DR
STE 450
MIAMI FL 33126
US

5805 BLUE LAGOON DR
STE 450
MIAMI FL 33126
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0442317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

RODRIGUEZ, JORGE A C.P.A.
13724 N. KENDALL DR.
SUITE 224
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code
33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Registered Agent

Signature of New Registered Agent (required only when changing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY-STATE-ZIP	☐ DELETE
PD	MOSER, ANDRES R	4570 SW 151 PL	MIAMI FL	☐
VD	GILBERTI, MARIA	4570 SW 151 PLACE	MIAMI FL	☐
SD	MATAS, JORGE M	15020-H SW 48 TERR	MIAMI FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY-STATE-ZIP	☐ Change	☐ Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-STATE-ZIP<td>☐</td><td>☐</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-STATE-ZIP<td>☐</td><td>☐</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-STATE-ZIP<td>☐</td><td>☐</td></td>	2.4 CITY-STATE-ZIP <td>☐</td> <td>☐</td>	☐	☐
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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)(g), 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

ANDRES MOSER

1-25-96

305 262 2202

CR2E034 (12/95)