SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:27

DOCUMENT # P93000069186 (3)

1. Corporation Name
DESIGN TRANSFORMATIONS, INC.

Principal Place of Business	Mailing Address
1200 MADRID CORAL GABLES FL 33134	1200 MADRID CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1993
3a. Date of Last Report: 02/09/1994
4. FEI Number: 65-0442469 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 3841 N.E. 2nd Ave
22 Suite, Apt #, etc: 301A
23 City & State: Miami
24 Zip: 33137
25 Country:

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State: FL
29 Zip
30 Country

9. Name and Address of Current Registered Agent

JONES, KELLE M
300 PALM CIR W
206
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name: Jones, Kelle M.
82 Street Address (P.O. Box Number is Not Acceptable): 302 SW 85th Way #110
83
84 City: Pembroke Pines FL 85 Zip Code: 33025

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] DATE: 7/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEIN, STEVEN
STREET ADDRESS	1200 MADRID
CITY ST ZIP	CORAL GABLES FL
TITLE	ST
NAME	JONES, KELLE M
STREET ADDRESS	300 PALM CIR W 206
CITY ST ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[X] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS	3841 NE 2nd Ave #301A	
1 4 CITY ST ZIP	Miami, FL 33137	
2 1 TITLE		[X] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS	302 S.W. 85th Way #110	
2 4 CITY ST ZIP	Pembroke Pines, FL 33025	
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		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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