FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Deeli	MÊNIT 4		JIX 1. (O	—:\ <u>)</u>	_# 'S		
DOCUMENT # . P94000002077					FILED		
DESIGN CONCEPTS INTERNATIONAL, INC.					02 OCT 17 PM 2: 01,		
					•		
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAHASSEE, FLORIDA . Q. (r		
			STAU	7		1,130	
2. Principal Place of Business 5819 TURIN ST			3. Mailing Address 5819 TURIN ST			Ol	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN TH	IS SPACE	
City & State CORAL GABLES, FL		City & State	City & State CORAL GABLES; FL		4: FEI Number	Applied For	
Zip Country		Zip	Country		65-0460747	Not Applicable \$8.75 Additional	
33146 US		33146	US		5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent		
DO NOT WRITE				Name ALBERTO ROSELL		red Agent	
IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)			
IN ITIS 5		SPACE		5819 TURIN	N STREET		
			City CORAL		GABLES FL Zip Code 33146		
8. The above n	named entity submits this stateme	ent for the Jurpose of chang	ging its registere	d office or registere	ed agent, or both, in the State of Florida.		
SIGNATURE	ignatural, typed of printed name of a customer	[79e])				0/02 ·	
9. This corpora	ation is eligible to satisfy its Intand	gible Januar	y 1 - May 1 Fe	Agent signature required value is \$150.00	when reinstating) DATE		
Tax filing red (See criteria	quirement and elects to do so.	Atte	r May 1, Fee is lended UBR is	\$61.25	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.		Make Check AND DIRECTORS	Payable to De	partment of State		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE NAME	(PSTD) ALBERTO ROSELL 5819 TURIN STREET				400008701434		
				NAME 400008701434 *STREET ADDRESS 10/30/0201076018 **600.00 CITY-ST-2P			
TITLE			TITLE	24- NA			
AME TREET ADDRESS			NAME STREET	ADDRESS			
CITY-ST-ZIP			Cm r ⊴s				
TREET ADDRESS			TITLE NAME				
ITY-ST-ZIP			STREET Crty-S	ADDRESS T-70P	DO NOT WR	ITE	
TLE AME			TITLE		IN THIS SPA		
TREET ADDRESS			NAME STREET	ADDRESS .	III IIIIO OFA	CE	
TY-ST:ZIP TLE			City-s	. ZIP			
AME IREET ADDRESS			TITLE NAME				
TY-ST-ZIP			STREET CITY-S	AODRESS - ZIP			
TLE AME			ITLE				
REET ADDRESS			NAME STREET	NDDRESS			
TY-ST-ZIP 3. I hereby certi	ify that the information supplied w	with this filing does not qual	ify for the everor	0	on 119.07(3)(i), Florida Statutes. I further ce		
indicated on of the corpor attachment w	this report or supplemental reportation or the receiver or trustee e with an address, with all other live	t is true and accurate and to mpowered to execute this empowered	that my signatur report as requir	e shall have the san ed by Chapter 607,	on 119.07(3)(i), Florida Statutes. I further cei ne legal effect as if made under oath; that I Florida Statutes; and that my name appear	tify that the information am an officer or director is in Block 11 or on an	
	/ - /\/ /2.//	Supplied.					
SIGNATU	SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OF	FICER OR DIRECTOR		10/10/02		

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

ALBERTO ROSELL P/S/T/D