

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90147 008 \*\*\*150.00

DOCUMENT # P94000005596

1. Corporation Name

MIAMI DESIGN CENTER, INC.

Principal Place of Business

14340 S.W. 142 AVENUE  
MIAMI FL 33186

Mailing Address

P O BOX 5445  
MIAMI FL 33283  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2249 N.W. 127 AVENUE

2a. Mailing Address

26 2249 N.W. 127 AVENUE

Suite, Apt. #, etc.

22 PEMBROKE PINES, FL.

Suite, Apt. #, etc.

27 PEMBROKE PINES, FL.

City & State

City & State

23

28

Zip 33028 Country USA

Zip 33028 Country USA

24

29

30

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

65-0462390

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

BISNAUTH, SHIRAZ  
14340 S.W. 142 AVENUE  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

MR. SHIRAZ BISNAUTH

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

2249 N.W. 127 AVENUE

83

84 City

PEMBROKE PINES

FL

85 Zip Code  
33028

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, typed or printed name of registered agent and title if applicable

SHIRAZ BISNAUTH

(NOTE: Registered Agent signature required when reinstating)

01/04/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME BISNAUTH, SHIRAZ  
STREET ADDRESS 15720 S.W. 147 AVENUE  
CITY-ST-ZIP MIAMI FL 33187

DELETE

TITLE AST  
NAME BISNAUTH, SHIRAZ  
STREET ADDRESS 15720 S.W. 147TH AVENUE  
CITY-ST-ZIP MIAMI FL 33187

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME MR. SHIRAZ BISNAUTH  
1.3 STREET ADDRESS 2249 N.W. 127 AVENUE  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

Change Addition

2.1 TITLE  
2.2 NAME MR. SHIRAZ BISNAUTH  
2.3 STREET ADDRESS 2249 N.W. 127 AVENUE  
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SHIRAZ BISNAUTH

DATE

01/04/98

Daytime Phone #

CELLULAR  
(305) 632-5000

CR2E034 (11/98)

0140110