FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JUN 14 9:35

DOCUMENT # **P94000024363 (1)**

1. Corporation Name
THE LOFT DESIGNER GROUP, INC.

Principal Place of Business	Mailing Address
11403 SW 109TH RD #Z MIAMI FL 33176	11403 SW 109TH RD #Z MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 4710 S.W 72 Ave
Suite, Apt. #, etc — 22:
City & State — 23: Miami FL
Zip — 24: 33155 — Country — 25:

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

4. FEI Number: 65-0480424 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AGRON, JEFFREY P
201 S. BISCAYNE BLVD.
SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WIGNALL, SONIA	12 NAME	
STREET ADDRESS	11403 SW 109TH RD #Z	13 STREET ADDRESS	9264 S.W 136 St Cir
CITY-ST-ZIP	MIAMI FL 33176	14 CITY-ST-ZIP	Miami, FL 33176
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FAIN, RICHARD D	22 NAME	
STREET ADDRESS	700 ARVICDA PKWY	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	EPSTEIN, SALLY A	32 NAME	
STREET ADDRESS	553A MINER RD	33 STREET ADDRESS	
CITY-ST-ZIP	ORINDA CA 94563	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Sonia Wignall — 5-30-95 — (305) 667-5638
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0103033 CP

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DOCUMENT # **P94000024496 (9)**

1. Corporation Name

GINA GOODIN INTERIOR DESIGN, INC.

Principal Place of Business	Mailing Address
3315 RICE STREET SUITE 11 COCONUT GROVE FL 33133	3315 RICE STREET SUITE 11 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — County — 30

4. FEI Number: 65-0478360 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AVERILL, JOSEPH P
25 W FLAGLER STREET
SUITE 710
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (DATE)
(Signature of new registered agent, if changing) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GOODIN, GINA	12 NAME	
STREET ADDRESS	3246 RIVIERA DRIVE	13 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL 33134	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: _____ 6.6.95 305/447-9017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0134035 CP

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CORPORATION ANNUAL REPORT 1995

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Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000025287 (1)

1. Corporation Name

Z.P.M.N. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2333 BRICKELL AVE PENTHOUSE 110 MIAMI FL 33129	2333 BRICKELL AVE PENTHOUSE 110 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report:

2. Principal Place of Business 21	7000 SW 97th Ave	2a. Mailing Address 26	7000 SW 97th Ave
Suite, Apt. #, etc 22	101	Suite, Apt. #, etc 27	101
City & State 23	Miami, Fl.	City & State 28	Miami, Fl
Zip 24	33173	Country 25	Dade
Zip 29	33173	Country 30	Dade

4. FEI Number: 65-0479739 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROZA, FRANCISCO J ESQ
848 BRICKELL AVE
SUITE 1100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 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: _____ DATE
(Signature, typed or printed name of registered agent and date of acceptance) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change	☐ Addition
NAME	PASCUAL, ZURAMI	12 NAME	7000 SW 97th Ave	
STREET ADDRESS	2333 BRICKELL AVE PENTHOUSE 110	13 STREET ADDRESS	101	
CITY ST ZIP	MIAMI FL 33129	14 CITY ST ZIP	Miami, Fl 33173	
TITLE		21 TITLE	☐ Change	☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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SIGNATURE: _____ 5/30/95 305-273-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0125030 CP