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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000069451 (0)

MATTHEW MACDONALD DESIGN ASSOCIATES, INC.

Principal Place of Business Malling Address 1250 LINCOLN RD 1250 LINCOLN RD MIAMI BEACH FL 33139-2251 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1994 05/23/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0519436 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MACDONALD, MATTHEW 1250 LINCOLN RD 62 Street Address (P.O. Box Number is Not Acceptable) #206 83 MIAMI BEACH FL 33139 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 12. 13. **PVTS** TITLE DELETE 1.1 TITLE Change Addition MACDONALD, MATTHEW 1.2 NAME NAME CR2E034 1250 LINCOLN ROAD, #206 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY - ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-SY-ZIP CITY - ST - 21F DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIE DELETE Change Addition 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ■ DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS** 6 4 CITY - ST - 7/P CITY-ST-ZIP 14. I do 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 gorporation or the seceiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name