

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000087630 (7)**

1. Corporation Name

SOPHISTICATED DESIGN OF FLORIDA, INC.



Principal Place of Business: **1313 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES FL 33134**
Mailing Address: **1313 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES FL 33134**

2. Principal Place of Business: 21 Suite, Apt., #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt., #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**ESTOPINAN, FRANCISCO
15450 S.W. 57TH STREET
MIAMI FL 33193**

3. Date Incorporated or Qualified: **12/02/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0554104**
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
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 607.012 and 607.1106, 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. The hereby consent the appointment as registered agent I am familiar with, and I accept the obligations of Section 607.012, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS
P ESTUPINAN, FRANCISCO 15450 SW 57TH ST MIAMI FL
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
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14. I do hereby certify that the information supplied in this report is true, correct, and complete, and that I am qualified for the registration state in Section 119.07(4)(a), Florida Statutes. I further certify that the information included on this report is true, correct, and complete, and that I am qualified for the registration state in Section 119.07(4)(a), Florida Statutes. I further certify that the information included on this report is true, correct, and complete, and that I am qualified for the registration state in Section 119.07(4)(a), Florida Statutes. I further certify that the information included on this report is true, correct, and complete, and that I am qualified for the registration state in Section 119.07(4)(a), Florida Statutes.

SIGNATURE: *Francisco Estupinan* FRANCISCO ESTUPINAN 4-8-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)