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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000089280 (9)

1. Corporation Name
DESIGNERS' EXPRESS, INC.

Principal Place of Business
11300 SW 145TH AVE.
MIAMI FL 33186

Mailing Address
P O BOX 654753
MIAMI FL 33265-4753
US



2. Principal Place of Business
21 1940 SW 83 Ave

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State
23 Miami, FL

27 City & State

24 Zip 33155 25 Country US

29 Zip 30 Country

3. Date Incorporated or Qualified
12/08/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0537482

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

10. Name and Address of New Registered Agent

SEÑOR, MIRIAM
11300 SW 145 AVENUE
MIAMI FL 33186
1940 SW 83 Ave
Miami FL 33155

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 *Miriam Senior*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME SENOR, MIRIAM
STREET ADDRESS 11300 SW 145TH AVE.
CITY - ST - ZIP MIAMI FL

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME SENOR, MIRIAM
1.3 STREET ADDRESS 1940 SW 83 Ave
1.4 CITY - ST - ZIP MIAMI, FL. 33155

TITLE DVS ☐ DELETE
NAME RUBIO, MICHAEL P
STREET ADDRESS 11300 SW 145TH AVE.
CITY - ST - ZIP MIAMI FL 33186

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Rubio, MICHAEL P.
2.3 STREET ADDRESS 1940 SW 83 Ave
2.4 CITY - ST - ZIP MIAMI FL 33155

TITLE T ☒ DELETE
NAME SENOR, MIRIAM
STREET ADDRESS 11300 SW 145 AVE.
CITY - ST - ZIP MIAMI FL

3.1 TITLE SECRETARY, TREASURER ☐ Change ☒ Addition
3.2 NAME ONEL GRAVERAN
3.3 STREET ADDRESS 6215 W 20 Ave #211
3.4 CITY - ST - ZIP Miami, FL. 33265 Hialeah FL 33012

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: *Miriam Senior* MIRIAM SENOR

3/31/97

305-699-2915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)