

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

FILED

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

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0537482
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

2. Principal Place of Business
21. 1940 SW 83 Ave
22. Suite, Apt. #, etc.
23. City & State: Miami, FL
24. Zip: 33155
25. Country: US

9. Name and Address of Current Registered Agent
SEÑOR, MIRIAM
11300 SW 145 AVENUE
MIAMI FL 33186

1940 SW 83 Ave
Miami FL 33155

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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 Senor*
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

TITLE	P	<input type="checkbox"/> DELETE
NAME	SEÑOR, MIRIAM	
STREET ADDRESS	11300 SW 145TH AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	RUBIO, MICHAEL P	
STREET ADDRESS	11300 SW 145TH AVE.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SEÑOR, MIRIAM	
STREET ADDRESS	11300 SW 145 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEÑOR, MIRIAM	
1.3 STREET ADDRESS	1940 SW 83 Ave	
1.4 CITY - ST - ZIP	MIAMI, FL. 33155	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUBIO, MICHAEL P.	
2.3 STREET ADDRESS	1940 SW 83 Ave	
2.4 CITY - ST - ZIP	MIAMI FL 33155	
3.1 TITLE	SECRETARY, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ONIEL GRAVERAN	
3.3 STREET ADDRESS	P O BOX 650442 6215 W 20 Ave #211	
3.4 CITY - ST - ZIP	Miami, FL. 33265 Hialeah FL 33012	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Senor* 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)