PROFIT CORPORATION ANNUAL REPORT

1996

AMENDED

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

DOCUMENT # P95000051974

1. Corporation Name
DESIGNS BY SIRI INC
2011 NE 211 St No Miami Beach FLA 33179

Principal Place of Business / Mailing Address

2011 NE 211 St
No. Miami Beach Fla 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/95
3a. Date of Last Report: 1995

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

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

4. FEI Number: 65-060 1850

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

☐ $5.00 May Be Added to Fee

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

7. Name and Address of Current Registered Agent

IRU SOCOL
2011 NE 211 St
No Miami Beach Fla 33162

8. Name and Address of New Registered Agent

81 Name
82 (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1501, 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 individual and title if applicable _____ Date

12. OFFICERS AND DIRECTORS

TITLE		11 TITLE	☐ Chg. ☐ Del.
NAME	IRU SOCOL - PRES	12 NAME	
STREET ADDRESS	2011 NE 211 St	13 STREET ADDRESS	
CITY-ST-ZIP	No. Miami Beach FLA 33179	14 CITY-ST-ZIP	
TITLE		21 TITLE	V-PRES ☐ Chg. ☒ Del.
NAME		22 NAME	JENNIFER SOCOL
STREET ADDRESS		23 STREET ADDRESS	2011 NE 211 St
CITY-ST-ZIP		24 CITY-ST-ZIP	No. Miami Beach FLA 33179
TITLE		31 TITLE	☐ Chg. ☐ Del.
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Chg. ☐ Del.
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Chg. ☐ Del.
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Chg. ☐ Del.
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***225.00

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/4/96

305-932-4900
Daytime Telephone Number

IRU SOCOL