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

**PROFIT** CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

, ,	1996		OF CORPORATIONS			
1. Corporation	n Name	5000066579	(O)			
DESIG	n depot holdings	S, INC.				
Principal Place	of Business	Mailing Address			I BERRADIUS BIILE BILBI BIILI	19818 1811 1881
8434 N.W. 70TH STREET 8434 N.W. 70TH S			TREET			
MIAMI FL 33	1166	MIAMI FL 33166			3a. Date of Last Re	nod I
				3. Date Incorporated or Qualified 08/29/1995		
	ace of Business	2a. Mailing Address		4. FEI Number 65 - 06 - 06 - 6	95	pplied For lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc	).	5. Certificate of Status Desired	\$8.75	Additional
22	.,	27		5. Certificate of Status Desired		lequired
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	1 1 ,	May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		199.032,
24	25	29	30	Florida Statutes X Yes  10. Name and Address of New I	No Registered Agent	
	9. Name and Address of	of Current Registered Agent	81 Name	ty. Hame and Address of New Y	iogistolou rigorit	
4	01404 - E044101000			July 200 Day Number is Not Assessed	nio)	
	CIABA, FRANCISCO I.W. 70TH STREET		82 Street A	ddress (P.O. Box Number is Not Accepta	nej	
	FL 33166		83			
EAST-CIAIL E	1 2 00 100		84 City		85 Z <sub>1</sub>	Code
					FL   °°   E	1.66
or registe	red agent, or both, in the Sta	te of Florida. Such change was aut	nonzea by the corporation sit	rporation submits this statement for the pu poard of directors. I hereby accept the app	irpose of changing its r pointment as registered	agent. I am
familiar w	ith, and accept the obligation	s of, Section 607.0505, Florida Sta	tutes.			
SIGNATURE	Signature, typed or printed name of reg	stered about and title if applicable.	(NOTE: Registered Agent signature re	quired when reinstating)	DA1F	
12.		CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF		
THLE	PD	☐ DELETE	1. 1 TITLE		☐ Change	Addition
NAME 🗸	GUARACIABA, FRAN		: 1.2 NAME			
STREET ADDRESS	1 ******	REET	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166	☐ DELETE	1.4 CITY - \$1 · ZIP 2 1 TITLE		Change	Addition
TITLE	SVD CUADA CIADA EUNI		2 1 111LE 1 22 NAME			
NAME	GUARACIABA, ELINA 8434 N.W. 70TH STI		2.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33166	NECT	2.4 CITY - ST - ZIP			
TITLE	MINANTE GOTOS	[] DELFTE			☐ Change	☐ Addition
NAME.			3.2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST - ZIP		☐ Change	Addition
TITLE		DELETE			□ mande	☐ Addiegn
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET, ADDRESS   4.4 CITY - ST-, ZIF	000018 -05/08/96 01	12590	
CHY-SI-ZIP TITLE		DELFTE		-05/08/9601	112004 <sub>Change</sub>	Addition
NAME		<u>.</u>	5.2 NAME	***208.75		
STREET ADDRESS	ş		5.3 STREET ADDRESS			
CHTY-ST-ZIP			5.4 CITY - S1 - ZIP			
TITLE		DELET	6. 1 TITLE		Change	Addition
NAME			6.2 NAME			32,1
STREET ADDRESS	. 1		6.3 STREET ADDRESS			. 5

CITY-SI-ZIP

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)(k). Florida Statutes. I further certify that the information indicates 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 directly of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 trichanged, or an an attachment with an address. SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 1 2 1996 (3as) 593-2577