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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business.

DOCUMENT # 1. Corporation Name	P95000090384	(5)
C. RANDY DESIGN,	INC.	

Mailing Address

22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for in	KNo gistered Agent	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees tangible tax under s 199.032, No gistered Agent	
City & State City & State City & State Country Zip Country B. This corporation has liability for in Florida Statutes Florida Statutes Yes 3. Name and Address of Current Registered Agent B1 Name GORDON, LEWIS G ESQ. 1320 S. DIXIE HIGHWAY SUITE 700 CORAL GABLES FL 33146 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purp 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 appoint familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and liftin if applicable [NOTI: Registered Agent signature required when ninestating]	Fee Required \$5.00 May Be Added to Fees tangible tax under s 199.032, No glistered Agent	
Trust Fund Contribution Zip Country Zip Country 25 29 30 Florida Statutes Yes Solve Re 9. Name and Address of Current Registered Agent 10. Name and Address of New Re 60RDON, LEWIS G ESQ. 1320 S. DIXIE HIGHWAY SUITE 700 CORAL GABLES FL 33146 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purp 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 appoint familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOT). Registered Agent signature recovered when reinstating)	Added to Fees tangible tax under s 199.032, No gistered Agent	
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Signature, typed or printed name of registerud agent and little if applicable (NOT). Registered Agent signature required when reinstating)	ose of changing its registered offici ntment as registered agent. I am	
	DATE	
	CERS AND DIRECTORS IN 12	
TITLE D DELETE 1.1 TITLE	Change Addition	
NAME STANO, CARL R 12 NAME		
STREET ADDRESS 4718 S.W. 67 AVENUE 1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33155 1.4 CITY-ST-ZIP	Change	
TIFLE □ DELETE 2.1 TIFLE NAME 2.2 NAME	☐ Change ☐ Addition	
NAME 22 NAME STHEET ADDRESS 23 STREET ADDRESS		
CHY-SI-ZIP 24 CITY-SI-ZIP		
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition	
NAME 3.2 NAME 1		
STHEET ADDRESS 3.3. STREET ADDRESS		
CITY-ST-ZIP 3.4 CITY-ST-ZIP		
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CITY-ST-ZIP	Change Addition	
NAME 52 NAME	C outside C variabili	
STREET ADDRESS 5.3 STREET ADDRESS		
CITY-SI-ZIP 54 CITY-SI-ZIP		
TITLE DELETE 6.11TILE		
NAME 6.2 NAME	Change Addition	
STREET ADDRESS 6.3 STREET ADDRESS	Change Addition	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

14. 1 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 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 cath; 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 agastyachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date