


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90125 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000090384 Corporation Name C. RANDY DESIGN, INC.					
Principal Place of Business 1320 S. DIXIE HIGHWAY SUITE 700 CORAL GABLES FL 33140			Mailing Address 1320 S. DIXIE HIGHWAY SUITE 700 CORAL GABLES FL 33140		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 5202 UNIVERSITY DR.		2a. Mailing Address SCHOOL OF COM.		3. Date Incorporated or Qualified 11/21/1995	
21. Suite, Apt. #, etc. OFFICE 120		26. Suite, Apt. #, etc. OFFICE 120 UM		4. FEI Number 65-0639301	
22. City & State CORAL GABLES FL		27. City & State CORAL GABLES FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 33124-2030		28. Zip 33124-2030		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country USA		29. Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GORDON, LEWIS G-ESQ. 1320 S. DIXIE HIGHWAY SUITE 700 CORAL GABLES FL 33140					
10. Name and Address of New Registered Agent 81. Name CARL R. STANO 82. Street Address (P.O. Box Number is Not Acceptable) 5205 UNIVERSITY DRIVE #110B 83. CORAL GABLES 84. City FL 85. Zip Code 33124					
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 agent 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 Carl R. Stano DATE 5/15/99					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE TITLE D NAME STANO, CARL R STREET ADDRESS 4718 S.W. 67 AVENUE CITY-ST-ZIP MIAMI FL 33155					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
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 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, with all other like empowered.

SIGNATURE: **Carl R. Stano**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 **305-284-2285**
 Date Daytime Phone #

CR2E034 (11/98)