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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095252 (9)

DESIGNER SHOWCASE, INC.

FILED May 04 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		- I 1800 1901 196 10181 01111 60311 01	IIAN ar ahi da ii a dala h dhaid ahada diind arak itok
1800 NF 114T	H STREET STE 1707	1800 NE 114TH STREET S	1800 NE 114TH STREET STE 1707		
NO. MIAMI BEACH FL 33181 NO. MIAMI BEACH FL 33					
				DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Quali	ned
2. Principal Pi	ace of Business	2a. Mailing Address		12/15/1995 4. FEI Number	Applied For
21		├ ──	¬,		Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.			SR 75 Additional
22		27		6. Certificate of Status Desired	d Fee Required
City & State		City & State		6. Election Campaign Financi	ng \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or ha	as paid the current year Intangible
24	25		30	Personal Property Tax due	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
ABITANTE, JOHN L CPA				SLAKE ~ WAG	MOSIBES
				ess (P.O. Box Number is Not Acc	entable)
MIAMI FL 33156				00 NE 1147	o SASSEST TO THE TABLE
			83		Suite (707
ļ			84 City		85 Zip Code
f Curayant	to the provinces of Continue COZ OF	2 and CO7 1509 Florida Statuta	+)(((TYYAT	the purpose of changing its registered
office or re	egi ster ed agent, or both, in the State	of Florida. Such change was a	uthorized by the corporat	ion's board of directors. I hereby a	accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. PLAKEWAGNER H122195					
SIGNATURE	Signature, types or power or mind of a particularly	rod when reinstating)	DATE		
12.	OFFICERS AN	_ 	13.		OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Wagner, Blake		1.2 NAME		į,
STREET ADDRESS	1800 NE 114TH STREET STE	7707	1.3 STREET ADDRESS		li li
CITY-ST-ZIP	NO. MIAMI BEACH FL 33181		1.4 CITY-ST-ZIP		
TITLE		∐ DELET E	2.1 TITLE		☐ Change ☐ Addition ☐
NAME		·	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Louere	2. 4 CITY-ST-ZIP		06
TITLE		DELETE	3.1 TITLE		LJ Change L Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		i
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		_ beech	4.7 THE 4. 2 NAME		C coulde C vonion
STREET ADDRESS			4.3 STREET ADDRESS		1
			4.4 City-St-Zip		ļ
CITY-ST-ZIP TITLE		DELETE	5.1 T(TLE		☐ Change ☐ Addition
NAME		- ···	5.2 NAME		_ · _ · _ · _ ·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		1
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		•	6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-S1-ZIP		
14 I hereby c	artifut that the information ourselved w	ith this films slove not qualify for	the exemption stated in	Section 110 07(3Vi) Florida Statut	ec. I further certify that the information

6. I needly certify that the information supplied with this fining does not quality for the exemption stated in Section 19.07(3)(), Florida Statutes. Trurner certify that it is 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

CIGNATION

RINGE

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RIAKELLACION

4/22/98

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