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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90030 004 ***150.00

DOCUMENT # P96000028619

1. Corporation Name

TOTAL DESIGN OF MIAMI, INC.

Principal Place of Business

Mailing Address

~~11501 SW 105 TERR~~

~~11501 SW 105 TERR~~

~~MIAMI FL 33176~~

~~MIAMI FL 33176~~

US

US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2025 BRICKELL AVENUE

26 2025 BRICKELL AVENUE

Suite/Apt. #, etc.

Suite/Apt. #, etc.

22 #1506

27 #1506

City & State

City & State

23 MIAMI, FL.

28 MIAMI, FL.

Zip

Country

24 33129 25 USA

Zip

Country

29 33129 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, CARLOS A
~~11501 SW 105 TERR~~
~~MIAMI FL 33176~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2025 BRICKELL AVENUE APT. #1506

83

84

City MIAMI

FL

85 Zip Code

33129

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 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MARTIN, CARLOS A

STREET ADDRESS ~~11501 SW 105 TERR~~

CITY-ST-ZIP ~~MIAMI FL 33176~~

TITLE D ☐ DELETE

NAME DANCAUSSE, ELIO E

STREET ADDRESS ~~11501 SW 105 TERR~~

CITY-ST-ZIP ~~MIAMI FL 33176~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)