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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041888 (4)

FILED Jan 20 1998 8:00am Secretary of State

DORIC DESIGNS, INC. Principal Place of Business Mailing Address 531 W 30TH ST 3750 ROYAL PALM AVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 3750 Royal Palm Ave, 21 26 65:0673213. Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Miami Beach. 23 Trust Fund Contribution Added to Fees 28 Country Country 33140 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 UBERSOX, JUNE June Ubersox 2665 S BAYSHORE DR, SUITE 204 Street Address (P.O. Box Number is Not Acceptable)
2665 South Bayshore Drive 82 **MIAMI FL 33133** 83 Suite 420 Zip Code 33133 City Miami 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 1111.1 Change ■ Addition TITLE **GUEDES, EDWARD G** 1.2 NAME NAME 3750 ROYAL PALM AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 1.4 CHY- ST- 7IP DELETE Change Addition 21 DHE TITLE ALVAREZ, HECTOR III NAME 2.2 NAME 4444 POST AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-7/P CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 C(1) Y - S1 - Z(P DELETE Change Addition TITLE 5.1 TO LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 eath; 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 13 if chapter 607 on an attachment with an address.

Fland G. Guadies Doc 1-1-48 Bos 1854-0800