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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046043 (1)

1. Corporation Name
SIGMA ONE DESIGN GROUP, INC.

Principal Place of Business

13200 S.W. 128TH ST.
SUITE F1
MIAMI FL 33186

Mailing Address

13200 S.W. 128TH ST.
SUITE F1
MIAMI FL 33186-5831

3. Date Incorporated or Qualified
05/30/1996

3a. Date of Last Report
1996

2. Principal Place of Business
21 9121 SW 122ND AVE

Suite, Apt. #, etc.
22 SUITE 207

City & State
23 MIAMI FL

Zip
24 33186

Country
25 USA

2a. Mailing Address
26 9121 SW 122ND AVE

Suite, Apt. #, etc.
27 SUITE 207

City & State
28 MIAMI FL

Zip
29 33186

Country
30 USA

4. FEI Number
65-0668496

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANTIAGO, CHRISTYANA
10165 S.W. 139TH PLACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE D
NAME SANTIAGO, CHRISTYANA
STREET ADDRESS 10165 S.W. 139TH PLACE
CITY-ST-ZIP MIAMI FL 33186 ☐ DELETE

TITLE D
NAME KAPLAN, ARNOLD
STREET ADDRESS 4000 TOWERSIDE TERRACE #509
CITY-ST-ZIP MIAMI FL 33138 ☒ DELETE

TITLE D
NAME KAPLAN, ANNA
STREET ADDRESS 4000 TOWERSIDE TERRACE #509
CITY-ST-ZIP MIAMI FL 33138 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9121 SW 122AVE #207
1.4 CITY-ST-ZIP MIAMI FL 33186

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 recorder 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 a Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.25.97 305.412.9974

Date

Daytime Phone #

11820

CR2E034 (9/96)