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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000060475 (6)

RODRIGUEZ DESIGN GROUP, INC.

nophiquez design anour; in	10.		
Principal Place of Business	Mailing Address		
1770 NW 64TH ST. STE 630 FORT LAUDERDALE FL 33309	1770 NW 64TH ST. STE 630 FORT LAUDERDALE FL 33309-1853		
			3. Date Incorporated or Qualified 3a. Date of Last Report 07/18/1996
2. Principal Place of Business 21	2a. Mailing Address	<del></del>	4. FEI Number Applied For   Applied For   Not Applied be
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
Zip Country	Z(p	Country	Trust Fund Contribution Added to Fees  8. This corporation has liability for intaligible tax under s. 199.032,  Florida Statutes Yes No
24 25 25 P. Name and Address of Curr	[29] rent Registered Agent		Florida Statutes Yes I No  10. Name and Address of New Registered Agent
RODRIGUEZ, ENRIQUE L		81 Name	0
1770 NW 64TH ST. STE 630		82 Street	t Address (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33309		83	
		<b>84</b> City	85 Zip Code
		<u> </u>	d corporation submits this statement for the purpose of changing its registered imporation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or profine name of registered	agent and the diapy Loable [N	OTE Brigistated Agent signals	୨୫ (ବର୍ଲାବର୍ଗ କ୍ୟୁଲ୍ଲ (PATE
12. OFFICERS /	MD DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME RODRIGUEZ, ENRIQUE L		1.2 NAME	
STREET ADDRESS 1770 NW 64TH ST. STE 63	0	1.3 STREET ADORESS	
CITY-ST-ZIP FORT LAUDERDALE FL 333		1.4 C(TY+S1+7IP)	
TITLE	DELETE	217016	L_I Change L_I Addition
NAME		2.2 NAME	
STREET ADDRESS CITY-ST-ZIP		2.3 STREET ADDRESS 2.4 CHY: \$1:7IP	
TITLE	DITETE	317011	Change Addition
NAME		3 2 NAME	
STREET ADDRESS		3.3 STRECT ADDRESS	
CITY-\$T-ZIP		3 4. C(1) Y · S1 - Z(P	
TITLE	DELETE	4.1 1111.1	Change Addition
NAME CARREST ASSESSED		4. 2 NAME	
STREET ADDRESS CITY-SI-ZIP		4.3 STREET ACORESS 4.4 CITY-ST-7IP	
TITLE	DELETE	5.1 Int	☐ Change ☐ Addition
NAME	<u>-</u>	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	•
CITY-ST-ZIP		5.4 C(1) Y · S1 · Z(I)	
TIFLE	DELETE	617/11/6	Change Addition

14. If do hereby certify that the information supplied with this filing dock not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report or supplemental appears fire and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or function exposured 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 our an attachment with an address.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

1-29-97 (954)

**FILED** 

Mar 14 1997 8:00am

Secretary of State