SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT ' CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000080206 (1)

NICHE DESIGN, INC.

APPROVED AND

97 AUG -4 AM 10: 58

SECRETARY OF STATE TALL AHASSEE, FLORIDA



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Principal Place of Business Mailing Address									inna ina 40146 Etan Obini D		U 101 U U U	110 (1111 150)
1521 ALTON ROAD 1521 ALTON ROAD												
SUITE 68 SUITE 68												
MIAMI BEACH FL 33139				MIAMI BEACH FL 33139				DO NOT WRITE IN THIS SPACE				
									corporated or Quali 5/1996	1180 36	 Date of Last R 	eport
2. Principal Place of Business				2a. Mailing Address				4. FEI Nur	mber) Ar	oplied For
21				26				<u>65</u>	-0702	108		ot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certifica	ate of Status Desire	d 🗆		Additional
22			27									equired
City & State			28	City & State					n Campaign Financi und Contribution	ng 🖂		May Be to Fees
Zip		Country		Zip Cou		ntry	8. This corporation owe		rporation owes or h	as paid the	e current year int	langible
24	25		29				Personal Property Tax due June 30.			Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent												
	LOFAN, GE					81 Name	$\supset_{\mathcal{O}}$	10-1	an . G	eov	Cac	
1621 COLLINS AVENUE						82 Street	Addres	s (P.Q. Box	Number is Not Acc	epteble)	1911	16-60
SUITE 404 Miami Beach Fl 33139						83		ನ ಮ	Bric	Ke.	11 the	1204
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11. Pursuant f	to the provisi	ons of Sections 607.0	502 and 60	ation submit	ts this statement for	the purpo	ose of changing it	ts 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.		OFFICERS A	ND DIREC	TORS	13.			OITICIDA	NS/CHANGES TO	OFFICERS		RS IN 12
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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 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.

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DB/01/97 305866-7775