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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 27 1997 8:00am

Secretary of State

96/6)

CR2E034

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094651 (2)

DESIGN CONCEPTS OF MIAMI, INC.

Principal Place of Business Mailing Address 7540 S.W. 54TH AVENUE 7540 S.W. 54TH AVENUE MIAMI FL 33143 MIAM! FL 33143-5816 3. Date Incorporated or Qualified 3a. Date of Last Report 11/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 🔲 Yes 💢 No 24 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAPLIN, DEBRA L **7540 S.W. 54TH AVENUE** Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33143 83 84 City 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. Familiarly with applications of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ___ Add-tion THUE 1.1 TITLE CAPLIN, DEBRA L 1.2 NAME NAME 7540 S.W. 54TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THEF NAME 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP DITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change 1:10.6 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-S1-ZIP Change DELETE Addition 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP Change __ Addition DELETE 1111 6.1 TITLE NAM 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP

GNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR DIRECTOR

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name