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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000099217 (7)

1. Corporation Name

DESIGN WIZARD, INC.



Principal Place of Business

Mailing Address

9350 SUNSET DRIVE
SUITE 100
MIAMI FL 33173

9350 SUNSET DRIVE
SUITE 100
MIAMI FL 33173-3245

3. Date Incorporated or Qualified

12/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, CHARLES D
900SUNTRUST BLDG
777 BRICKELL AVENUE
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 0 ☐ DELETE
NAME ROBBINS, CHARLES D
STREET ADDRESS 900 SUNTRUST BLDG, 777 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE P/D/A S ☐ Change ☒ Addition
1.2 NAME James Carr
1.3 STREET ADDRESS 9350 Sunset Drive, Suite #100
1.4 CITY-ST-ZIP Miami, FL. 33173 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VP/A S ☐ Change ☒ Addition
2.2 NAME Raul Sotolongo
2.3 STREET ADDRESS 10630 N.W. 27th Street
2.4 CITY-ST-ZIP Miami, FL. 33172 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VP/A S ☐ Change ☒ Addition
3.2 NAME Stuart Weiss
3.3 STREET ADDRESS 9500 S. Dadeland Blvd. Suite Penthouse
3.4 CITY-ST-ZIP Miami, FL. 33156 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE VP/T S ☐ Change ☒ Addition
4.2 NAME Harold L. Eisenacher
4.3 STREET ADDRESS 9350 Sunset Drive, Suite #100
4.4 CITY-ST-ZIP Miami, FL. 33173 ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE 100002143281 ☐ Change ☐ Addition
6.2 NAME -04/15/97--01024--008
6.3 STREET ADDRESS ***930.00
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 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.

SIGNATURE:

H. L. Eisenacher H. L. Eisenacher 3/18/97 305-595-3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004448

CR2E034 (9/96)