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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Jun 29 1998 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

P97000096545 (3) DOCUMENT #

1. Corporation Name

MAKIM DESIGN, INC.

Principal Place of Business Mailing Address 2230 SW 16 COURT 2230 SW 16 COURT DO NOT WRITE IN THIS SPACE MIAMI FL 33145 MIAM! FL 33145 3. Date Incorporated or Qualified 11/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FELMumber Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zin Country Z_{1D} 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 URDANETA, MAGALY 2230 **S**W 16 COURT Street Address (P.O. Box Number is Not Acceptable) 44 MIAMIFL 33145 83 Zip Code 11. Pursuant to the provisions of Socions 607.05.02 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 practicd name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE Change 1.1 TITLE TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Magaly Undane NAME 1.2 NAME 5.W. 16ct#4 30'5.W STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 C(1Y - ST - ZIP CITY-ST-ZIP 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE --- Chance - Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Ohange DELFTE Addition 6.1 TITLE TITLE -06/30/98---01012--0**07** NAME 6.2 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS

CITY - ST - ZIP I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the rewith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ital 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 or cliver 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 achinent with an address

6.4 CITY-ST-ZIP