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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S38698

(4)

Mailing Address

DESIGN RESOURCES, INCORPORATED

FILED
Apr 29 1997 8:00am
Secretary of State

10791 BW 67 AVE MIAMI FL 83156-3905		10791 SW 67 AVE MIAMI FL 33156-3905						
					3. Date incorporated or Qualified 03/19/1991	3a. Date 05/01		Report
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			Applied For		
21		26	26			Not Applicable		
Sulte, Apt. #, etc.		Sulle, Apt. #, etc.				\$8.75 Additional Fee Required		
City & State	е	City & State	h1			\$5.00 May Be Added to Fees		
Zip 24	Country 25		Country 30	<i>y</i>	This corporation has liability for in Florida Statutes	nungible tax Yes 🔲 t		. 199.032,
	9, Name and Address	of Current Registered Agent			10. Name and Address of New Re	gistered Age	ent	
VAR	KI, VIJAY GEORGE		81	Name				
	91 SW 67 AVE		82	Street A	ddress (P.O. Box Number is Not Acceptab			
	MI FL 33158		pr have			10)		
i .			83					
			84			₽Ŀ∣		Code
Office of r	to the provisions of Section registered agent or both in	i the State of Florida, such chang : with	es, the aboviuthorized bi	y the corpo	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of ch of the appoin	anging i tment as	ls registered registered
SIGNATUR	Signature, typed or printed name of				equired when reinstating)	AF	K	97
12.		CERS AND DIRECTORS	13.	en, agnature r	ADDITIONS/CHANGES TO OFFIC	FRS AND D	BECTOE	S IN 12
TITLE	PŠ	DELETE	1.1 TIBLE		100111011011111111111111111111111111111		Change	Addition
NAME	VARKI, VIJAY GEORG	E	1.2 NAME					
STREET ADDRESS	10791 SW 67 AVE	-		ADDRESS				
CITY-ST-ZIP	MIAMI FL			ST - ZIP				
TITLE			2 1 TITLE				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			23 STREET ADDRESS					
CITY-ST-ZIP			2 4 CI1Y+S1+ZIP					
TITLE		☐ DELETE	3111111				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS	•		3 3 STHEE	ADDRESS				
CITY-ST-ZIP			34 CHY-	SI-ZIP				
TITLE		☐ DÉLETE	4 1 TITLE				Change	Addition
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS	4			
CITY-ST-ZIP			4.4 C/TY-5	51 - ZIP				
TITLE		L.J DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	31 - 2 P				
TITLE		L] DELLTE	6.1 TITLE				Change	☐ Addition
NAME			6 2 NAME	.				
STREET ADDRESS			6.3 \$1RFF	ADDRESS				
CITY-ST-ZIP	nu portify that the informati-	N. Supplied with this fift	6.4 CHY-5					
informatio Lam an ol	on indicated on this annual Afficer or director of the corr	on supplied with this filling does not quaint report or supplemental annual report is to poration or the receiver or trustee engance ranged, of on an altachment with all addi-	ue and acci	amption sta unate and t alte this re	ated in Section 119 07(3)(i), Florida Statules that my signature shall have the same legal port as required by Chapter 607, Florida S	 i further ce offect as if ralutes; and 	rufy that nade un that my r	tne der oath; tha name