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

FILED Apr 28 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name S38698 (4) DESIGN RESOURCES, INCORPORATED Principal Place of Business Mailing Address 10791 SW 67 AVE 10791 SW 67 AVE MIAMI FL 33156-3905 MIAMI FL 33156-3905 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/19/1991</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0252730 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Ζip This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VARKI, VIJAY GEORGE 10791 SW 67 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 84 City 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 CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change TITLE 1.1 TITLE VARKI, VIJAY GEORGE 1.2 NAME NAME 10791 SW 67 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3 2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6 1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing closs 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 acceptable 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 state or trustee empoyar to be execut this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if gib. gibt, or on an attachment with an address. 305/669-3166 -15-98