FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S54410** **(3)**

1. Corporation Name

FUTURA DESIGN OF MIAMI CORPORATION

Principal Place of Business	Mailing Address
7220 N.W. 54TH STREET MIAMI FL 33166	7220 N.W. 54TH STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1991	3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0268379	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. Does corporation owe any Florida taxes? Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)

9. Name and Address of Current Registered Agent

MARTINEZ, LIONEL R.
7220 N.W. 54TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

(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 Section(s) 607.0502 and 607.1608, 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] 4-26-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
(01) TYPE	PD	(01) TYPE	☐ Change ☐ Addition
NAME	MARTINEZ, LIONEL R.	NAME	
STREET ADDRESS	7220 N.W. 54TH ST.	STREET ADDRESS	
CITY ST ZIP	MIAMI FL	CITY ST ZIP	
(02) TYPE	VD	(02) TYPE	☐ Change ☐ Addition
NAME	MARTINEZ, TERESITA O.	NAME	
STREET ADDRESS	7220 N.W. 54TH ST.	STREET ADDRESS	
CITY ST ZIP	MIAMI FL	CITY ST ZIP	
(03) TYPE		(03) TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
(04) TYPE		(04) TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
(05) TYPE		(05) TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
(06) TYPE		(06) TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature] Lionel R. Martinez 4/26/95 888-9887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150449 CP