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 APR 10 AM 8:47

DOCUMENT # S56108

1. Corporation Name
DESIGNERS EAST, INC. d.b.a. PORTFOLIO COLLECTIONS

Principal Place of Business / Mailing Address
3841 N.E. SECOND AVENUE, STE. 101.
MIAMI FL 33137 (SAME)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6-1-91
3a. Date of Last Report: 4/94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0264829 (Applied For / Not Applicable)
21	26: 3841 NE 2nd AVENUE	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: 101	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23	City & State 28: MIAMI, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29: 33137 / Country 30: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
FILINGS, INC
3732 N.W. 16TH ST
FT. LAUDERDALE, FL 33311

10. Name and Address of New Registered Agent
81 Name: LOUIS J. TERMINELLO, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): TERMINELLO & TERMINELLO, P.A.
83: 2700 SW 37 AVENUE
84 City: MIAMI FL 85 Zip Code: 33133

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] 3/30/1995
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, DIRECTOR THOMAS O'KEEFE 39 VILLAGE CIRCLE PALM COAST, FL 32137	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHN TOMANO 555 NE 34 ST MIAMI, FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition DIRECTOR JOHN TOMANO 3841 NE 2nd AVENUE #101 MIAMI, FL 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 900001453959 -04/12/95--01020--008 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE: [signature], PRESIDENT 3-31-91 305 576-6709
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE Date Daytime Phone #
LW 4-10-95