

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S90344** (0)

1. Corporation Name

INTERNATIONAL DESIGN ASSOCIATES, INC.



Principal Place of Business

Mailing Address

13000 S.W. 120TH STREET
MIAMI FL 33186

13000 S.W. 120TH STREET
MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

PERRIN, ARTHUR
13000 S.W. 120TH STREET
MIAMI FL 33186

81	Name:
82	Street Address (P.O. Box Number is Not Acceptable)
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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all corporations)

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRIN, ARTHUR	
STREET ADDRESS	13000 S.W. 120TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ANTONIO, FROYO	
STREET ADDRESS	1300 SW 120 ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	TITLE	
16	NAME	
17	STREET ADDRESS	
18	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	TITLE	
20	NAME	
21	STREET ADDRESS	
22	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	TITLE	
24	NAME	
25	STREET ADDRESS	
26	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	TITLE	
28	NAME	
29	STREET ADDRESS	
30	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	TITLE	
32	NAME	
33	STREET ADDRESS	
34	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35	TITLE	
36	NAME	
37	STREET ADDRESS	
38	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39	TITLE	
40	NAME	
41	STREET ADDRESS	
42	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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:

Arthur Perrin Secy. Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 (205) 232 1032
DATE

CR2E034 (12/95)