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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V15395 (9)

1. Corporation Name

RED ROAD DESIGNS, INC.



Principal Place of Business

Mailing Address

1100 SW 57TH AVE
MIAMI FL 33144

1100 SW 57TH AVE
MIAMI FL 33144

2. Principal Place of Business

2a. Mailing Address

21 35 N.E. 1st Street

26 55 NE 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 31

27 # 31

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

24 33132

29 33132

Country

Country

25 Dade

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OZIEL, EVA ROSE
1100 SW 57TH AVE
MIAMI FL 33144

81 Name Oziel, Eva Rose

82 Street Address (P.O. Box Number is Not Acceptable)
55 NE 1st Street

83 # 31

84 City Miami

85 Zip Code FL 33132

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 607.0605, Florida Statutes.

SIGNATURE

Eva Rose Oziel

(NOTE: Registered Agent signature required when reappointing)

1/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD [] DELETE

1.1 TITLE PD [X] Change [] Addition

NAME WAKSMAN, SAUL J.
STREET ADDRESS 1100 S.W. 57TH AVE.
CITY-STATE-ZIP MIAMI FL 33144

1.2 NAME PD
1.3 STREET ADDRESS Waksman, Saul J.
1.4 CITY-STATE-ZIP 55 NE 1st Street
Miami, FL 33132

2.1 TITLE SD [] DELETE

2.1 TITLE PD [X] Change [] Addition

NAME OZIEL, EVA R.
STREET ADDRESS 1100 S.W. 57TH AVE.
CITY-STATE-ZIP MIAMI FL

2.2 NAME PD
2.3 STREET ADDRESS Oziel, Eva R.
2.4 CITY-STATE-ZIP 55 NE 1st Street
Miami, FL 33132

3.1 TITLE [] DELETE

3.1 TITLE [] Change [] Addition

NAME
STREET ADDRESS

3.2 NAME
3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

4.1 TITLE [] DELETE

4.1 TITLE [] Change [] Addition

NAME
STREET ADDRESS

4.2 NAME
4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

5.1 TITLE [] DELETE

5.1 TITLE [] Change [] Addition

NAME
STREET ADDRESS

5.2 NAME
5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

6.1 TITLE [] DELETE

6.1 TITLE [] Change [] Addition

NAME
STREET ADDRESS

6.2 NAME
6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-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)(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:

Eva Rose Oziel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 305 377-3218

DATE

Daytime Phone #

CR2E034 (12/95)