

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V58533

(3)

1. Corporation Name

DESIGN CONCEPT GROUP, INC.

Principal Place of Business

9290 SW 72ND ST  
SUITE 102  
MIAMI FL 33173

Mailing Address

9290 SW 72ND ST  
SUITE 102  
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1992

3a. Date of Last Report

06/28/1994

2. Principal Place of Business

21 4931 S.W. 87th CT.

2a. Mailing Address

26 4931 S.W. 87th CT

4. FEI Number

59-3137883

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

Country

24 33165

25 DADE

Zip

Country

29 33165

30 DADE

8. This corporation has liability for intangible tax under S. 190.039

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRENECHEA-ORTIZ, MARIA

9290 SW 72ND ST

SUITE 102

MIAMI FL 33173

81 Name

BARRENECHEA-ORTIZ MARIA

82 Street Address (P.O. Box Number is Not Acceptable)

83

4931 S.W. 87th CT

84 City

MIAMI

FL

85 Zip Code

33165

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, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when naming)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME BARRENECHEA-ORTIZ, MARIA  
STREET ADDRESS 9290 SW 72ND ST #102  
CITY- ST- ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE ST  
NAME BARRENECHEA-ORTIZ, MARIA  
STREET ADDRESS 9290 SW 72ND ST #102  
CITY- ST- ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE DV  
NAME ORTIZ, JORGE A  
STREET ADDRESS 9290 SW 72ND ST #102  
CITY- ST- ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA BARRENECHEA-ORTIZ

4-25-95 (305) 274-9955

Date

Telephone/Fax #