

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G90004** (4)
1. Corporation Name
ARCHITILE, INC.



Principal Place of Business 2917 NW 79TH AVENUE MIAMI FL 33122	Mailing Address 2917 NW 79TH AVENUE MIAMI FL 33122-1007
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3. Date Incorporated or Qualified 01/23/1984	3a. Date of Last Report 02/16/1996
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2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2368645	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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent ROSS, JULIO A. 907 NW 108TH AVE., CIRCLE MIAMI FL 33172

10. Name and Address of New Registered Agent	
81 Name ROSS, Julio A.	
82 Street Address (P.O. Box Number is Not Acceptable) 931 NW 106 Avenue Circle	
83	
84 City Miami	85 Zip Code FL 33172

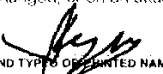
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	STD ☐ DELETE
NAME	ROSS, LUZ M
STREET ADDRESS	931 NW 106 AVENUE CIRCLE
CITY-ST-ZIP	MIAMI FL
TITLE	PD ☐ DELETE
NAME	ROSS, JULIO A
STREET ADDRESS	931 NW 106 AVENUE CIRCLE
CITY-ST-ZIP	MIAMI FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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:  **3/3/97 (305) 591-2321**
SIGNATURE AND TYPE OF SIGNED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0162856