

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -6 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # K21118 (0)

1. Corporation Name
JAROSZ ARCHITECTS, P.A.

Principal Place of Business Filing Address

2000 S. DIXIE HWY #110 MIAMI FL 33133 **2000 S. DIXIE HWY #110 MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 _____ 26 _____

State, Apt #, etc State, Apt #, etc

22 _____ 27 _____

City & State City & State

23 _____ 28 _____

Zip Country Zip Country

24 _____ 25 _____ 29 _____ 30 _____

3. Date Incorporated or Qualified 3a. Date of Last Report

04/18/1988 **05/01/1994**

4. FEI Number Applied For / Not Applicable

65-0055221 Applied For / Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Fees for Change of Name / Type of Tax Contribution \$5.00 May Be Added to Fees

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8. Has corporation filed articles for incorporation less than 90 days, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**JAROSZ, ZW.
2000 S DIXIE HWY 110
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name

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

83 _____

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (Name of current registered agent and the filer) (Date) (Date)

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENT	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAROSZ, ZBIGNIEW	1.2 NAME	
STREET ADDRESS	2000 S. DIXIE	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information provided 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 included 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. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am attaching with my address _____

SIGNATURE  _____

SIGNATURE MUST BE FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Date)

CR2E034 (3/95)