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 # **L04809** **(4)**

1. Corporation Name

KHULY ARCHITECTS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7481 SW 50TH TERR MIAMI FL 33155	7481 SW 50TH TERR MIAMI FL 33155

3. Date Incorporated or Qualified: **07/27/1989**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0136814** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

KHULY, MARGARITA A.
7481 SW 50TH TERR
MIAMI FL 33155

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 Section 607.0502 or 617.1905, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICER/DIRECTOR DATA			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	71 TITLE	☐ Change ☐ Addition
NAME	KHULY, MARGARITA A.		72 NAME	
STREET ADDRESS	7481 SW 50TH TERR		73 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		74 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	75 TITLE	☐ Change ☐ Addition
NAME	KHULY, JORGE		76 NAME	
STREET ADDRESS	7481 SW 50TH TERR		77 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		78 CITY-ST-ZIP	
TITLE		☐ DELETE	79 TITLE	☐ Change ☐ Addition
NAME			80 NAME	
STREET ADDRESS			81 STREET ADDRESS	
CITY-ST-ZIP			82 CITY-ST-ZIP	
TITLE		☐ DELETE	83 TITLE	☐ Change ☐ Addition
NAME			84 NAME	
STREET ADDRESS			85 STREET ADDRESS	
CITY-ST-ZIP			86 CITY-ST-ZIP	
TITLE		☐ DELETE	87 TITLE	☐ Change ☐ Addition
NAME			88 NAME	
STREET ADDRESS			89 STREET ADDRESS	
CITY-ST-ZIP			90 CITY-ST-ZIP	
TITLE		☐ DELETE	91 TITLE	☐ Change ☐ Addition
NAME			92 NAME	
STREET ADDRESS			93 STREET ADDRESS	
CITY-ST-ZIP			94 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an indication for the filing of this report.

SIGNATURE: _____ 3/31/96 (305) 662-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #