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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000065183 (4)**

1. Corporation Name

ABA ARCHITETTURA, INC.

Principal Place of Business	Mailing Address
~~% EDUARDO A. ANTONACCI~~ 4100 N.E. 2ND AVENUE, SUITE 210 MIAMI FL 33137	~~% EDUARDO A. ANTONACCI~~ 4100 N.E. 2ND AVENUE, SUITE 210 MIAMI FL 33137

2. Principal Place of Business	2a. Mailing Address
21 4100 NE 2ND AVENUE	26 4100 NE 2ND AVENUE
Suite, Apt. #, etc. 22 SUITE 210	Suite, Apt. #, etc. 27 SUITE 210
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33137 / 25	Zip / Country 29 33137 / 30

3. Date Incorporated or Qualified: **09/14/1993**
3a. Date of Last Report: **06/14/1995**

4. FEI Number: **65-0581750** ☐ 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	10. Name and Address of New Registered Agent
ANTONACCI, EDUARDO A **4100 N.E. 2ND AVENUE** **SUITE 210** **MIAMI FL 33137**	81 Name: ANNABELLA BUCHELI 82 Street Address (P.O. Box Number is Not Acceptable): 4100 NE 2ND AVENUE 83 SUITE 210 84 City: MIAMI FL 85 Zip Code: 33137

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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS BUCHELI, ANNABELLA 1455 N. TREASURE DRIVE, APT. 7J N. BAY VILLAGE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PDTS BUCHELI, ANNABELLA 1455 N. TREASURE DR. # 7J N. BAY VILLAGE FL 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT ANTONACCI, EDUARDO A 1455 N. TREASURE DRIVE, APT. 7J N. BAY VILLAGE FL 33141	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PLASENCIA, WILLIAM 14480 S.W. 8TH AVENUE MIAMI FL 33158	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(i), 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: _____ 7-17-96 (305) 573-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)