

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

• PROFIT CORPORATION ANNUAL REPORT **1996**



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

**DOCUMENT # P95000089103 (2)**

1. Corporation Name

**ARCHITECTURAL HARDWARE ASSOCIATES, INC.**



Principal Place of Business

**520 MADEIRA AVE  
CORAL GABLES FL 33134**

Mailing Address

**520 MADEIRA AVE  
CORAL GABLES FL 33134**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**11/21/1995**

3a. Date of Last Report

4. FEI Number

**65-0636262**

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

**DE LA LLAMA, JOSE  
520 MADEIRA AVE  
CORAL GABLES FL 33134**

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 typed or printed in block, in full capital letters

Date Registered Agent assumed office (month and day)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **D DE LA LLAMA, VIVIAN F**  
STREET ADDRESS **520 MADEIRA AVE**  
CITY-STATE-ZIP **CORAL GABLES FL 33134**

TITLE  DELETE  
NAME **DPVS DE LA LLAMA, JOSE A**  
STREET ADDRESS **520 MADEIRA AVE**  
CITY-STATE-ZIP **CORAL GABLES FL 33134**

TITLE  DELETE  
NAME **T DE LA LLAMA, JOSE A**  
STREET ADDRESS **520 MADEIRA AVE**  
CITY-STATE-ZIP **CORAL GABLES FL 33134**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(g), 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: *J. A. de la Llama*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/4/96**

**305-446-6267**

CR2E034 (12/95)