

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033189

Entity Name: ARTCHITECTURE ASSOCIATES INC.**Current Principal Place of Business:**2219 SW 57 AVE
CORAL GABLES, FL 33155**Current Mailing Address:**2219 SW 57 AVE
CORAL GABLES, FL 33155 US**FEI Number:** 51-0499159**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRAVIESO, RUBEN
2219 SW 57 AVE
CORAL GABLES, FL 33155 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name TRAVIESO, RUBEN
Address 2219 SW 57 AVE
City-State-Zip: CORAL GABLES FL 33155

Title ASSOCIATE
Name ROJAS, CARMEN
Address 2219 SW 57 AVE
City-State-Zip: CORAL GABLES FL 33155

Title ASSOCIATE
Name ARONDE, CARLINA
Address 2219 SW 57 AVE
City-State-Zip: CORAL GABLES FL 33155

Title ASSOCIATE
Name VERA, JUSTO
Address 2219 SW 57 AVE
City-State-Zip: CORAL GABLES FL 33155

Title VP
Name TRAVIESO, INGRID
Address 2219 SW 57 AVE
City-State-Zip: CORAL GABLES FL 33155

Title ASSOCIATE
Name PRIETO, LIDA
Address 2219 SW 57 AVE
City-State-Zip: CORAL GABLES FL 33155

Title ASSOCIATE
Name BLACHARZ, FELIPE
Address 2219 SW 57 AVE
City-State-Zip: CORAL GABLES FL 33155

Title ASSOCIATE
Name MILIANI, DELIA
Address 2219 SW 57 AVE
City-State-Zip: CORAL GABLES FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUBEN TRAVIESO**PRESIDENT****04/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date