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 # **357484** **(5)**

1. Corporation Name

WILLIAM FRIEDMAN & ASSOCIATES, ARCHITECTS, INC.

Principal Place of Business	Mailing Address
6401 SW 87 AVE **MIAMI FL 33173**	**6401 SW 87 AVE** **MIAMI FL 33173**

3. Date Incorporated or Qualified: **12/31/1969**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-1281221** [ ] 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

FRIEDMAN, WILLIAM
6401 SW 87 AVENUE
MIAMI FL 33173

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 617.0202 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	FRIEDMAN,WILLIAM		1a NAME	
STREET ADDRESS	6401 SW 87 AVE		1b STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1c CITY-ST-ZIP	
TITLE	V	[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME	TAPIA RUANO, MANUEL		2a NAME	
STREET ADDRESS	6401 SW 87 AVE		2b STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2c CITY-ST-ZIP	
TITLE		[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME			3a NAME	
STREET ADDRESS			3b STREET ADDRESS	
CITY-ST-ZIP			3c CITY-ST-ZIP	
TITLE		[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME			4a NAME	
STREET ADDRESS			4b STREET ADDRESS	
CITY-ST-ZIP			4c CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5a NAME	
STREET ADDRESS			5b STREET ADDRESS	
CITY-ST-ZIP			5c CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6a NAME	
STREET ADDRESS			6b STREET ADDRESS	
CITY-ST-ZIP			6c CITY-ST-ZIP	

CR2E034 (12/95)

14. I like hereby certify that the information supplied with this report is accurate, complete and does not omit any fact necessary for the exemption stated in 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 address, an optional name change, or an optional address change.

SIGNATURE: W. FRIEDMAN PD 3/12/96 305-271-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number