

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 3:11**

**DOCUMENT # 563238 (5)**

1. Corporation Name  
**ARCHITEKNCS, INC.**

Principal Place of Business      Mailing Address  
**7450 SW 48 ST.  
MIAMI FL 33155**                      **7450 SW 48 ST.  
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/20/1978**                                  **04/18/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1810621		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

**9. Name and Address of Current Registered Agent**

**PEREZ-ALONSO, RAMON G  
7450 SW 43TH ST.  
MIAMI, FL**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEROUNSKY, EDWARD C</b>	12 NAME	
STREET ADDRESS	<b>6537 SW 116TH PLACE</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEROUNSKY, GERALDINE T</b>	22 NAME	
STREET ADDRESS	<b>6537 SW 116TH PLACE</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	24 CITY - ST - ZIP	
TITLE	<b>STD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ-ALONSO, RAMON G</b>	32 NAME	
STREET ADDRESS	<b>1018 ANDORA AVE</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	34 CITY - ST - ZIP	
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ-ALONSO, DELIA M</b>	42 NAME	
STREET ADDRESS	<b>1018 ANDORA AVE</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, LOURDES</b>	52 NAME	
STREET ADDRESS	<b>1026 ADUANA AVE.</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 of the corporation, and that I am executing this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

**SIGNATURE: Ramon G. Perez-Alonso**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95

(305) 661-5392

DATE

Telephone Number