

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 563238 (5)

1. Corporation Name
ARCHITEKNICS, INC.

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

Mailing Address
**7450 SW 48 ST.
 MIAMI FL 33155-4469**



3. Date Incorporated or Qualified **03/20/1978** 3a. Date of Last Report **04/02/1996**

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

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	FL	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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BEROUNSKY, EDWARD C			1.2 NAME			
STREET ADDRESS	6537 SW 116TH PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BEROUNSKY, GERALDINE T			2.2 NAME			
STREET ADDRESS	6537 SW 116TH PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PEREZ-ALONSO, RAMON G			3.2 NAME			
STREET ADDRESS	1018 ANDORA AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PEREZ-ALONSO, DELIA M			4.2 NAME			
STREET ADDRESS	1018 ANDORA AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RODRIGUEZ, LOURDES			5.2 NAME			
STREET ADDRESS	1028 ADUANA AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained on this annual report or supplementary 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, unchanged, or as an attachment with an address.

SIGNATURE: DATE: **3-16-97** (995) 661-5092

CR2E034 (9/96)